

<b>Case Number:</b>	CM14-0085746		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of January 19, 2010. A utilization review determination dated May 22, 2014 recommends non-certification of physical therapy treatment of the cervical spine quantity six sessions and a urine drug screen laboratory testing. There is no up-to-date progress note available for review. A progress note dated September 16, 2013 identifies subjective complaints of constant neck pain rated at a 7 on a 0 to 10 scale. The patient describes his neck pain as being throbbing with radiation into the right shoulder with extension down into the right hand and fingers also with associated numbness and tingling in the third, fourth, and fifth digits. The patient also complains of constant low back pain which he rates at a 7 which can increase to a 8 on a pain scale of 0 to 10. He describes his back pain as being sharp and stabbing, with radiation into both legs worse on the right. He reports numbness and tingling in the right calf, shin, foot, and toes. His pain is increased with standing, sitting, walking, bending, and lifting. His pain is decreased the lying down, resting, medications, and changing in positions often. The patient is currently taking citalopram 10 mg one per day, cyclobenzaprine 7.5 mg one per day, omeprazole 20 mg two per day, and tramadol one per day. Physical examination identifies tenderness in the cervical musculature including the trapezius and paraspinal muscles somewhat more prominent on the right, axial pain with cranial vault compression, decreased range of motion, cervical flexion at 30 , cervical extension at 20 , bilateral cervical rotation at 40 , and bilateral lateral tilt at 20 . Diagnoses include chronic pain syndrome with delayed recovery, cervical sprain/strain, cervicobrachial myofascial pain, and lumbar sprain/strain. The treatment plan recommends four sessions of CBT and recommendation for participation in a multidisciplinary pain rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy treatment, for the cervical spine, QTY: 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy treatment for the cervical spine quantity 6 sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy treatment for the cervical spine quantity 6 sessions is not medically necessary.

**Urine drug screen laboratory testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine drug screen laboratory testing, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. It is unclear when the most recent drug screen was performed and whether there is any concern regarding aberrant behavior. As such, the currently requested urine drug screen laboratory testing is not medically necessary.

