

Case Number:	CM14-0087922		
Date Assigned:	07/25/2014	Date of Injury:	05/31/2006
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 51-year-old male, who reported injury on 05/30/2006. Mechanism of injury was not submitted in report. The injured worker has diagnoses of post laminectomy syndrome, lumbar region, and spondylosis unspecified type without myelopathy. Past treatment for the injured worker consists of physical therapy, epidurals, ice, facet injections, the use of a TENS unit, surgery, biofeedback, and medication therapy. Medications include Miralax 17 grams, Flexeril 10 mg 1 tablet 3 times a day, Actos 15 mg daily, Neupogen 250 mg half a tab to 1 tablet a day, amitriptyline 25 mg at bedtime, clonidine 0.1 mg every 24 hours, MS IR 15 mg every 4 hours, MS Contin 30 mg 1 tablet 4 times a day, and Xanax 0.5 mg 1 tablet every 4 to 6 hours. The injured worker had a urine drug screen test obtained on 05/08/2014, which revealed that he was in compliance with his prescription medications. The injured worker is status post laminectomy of the lumbar spine. The injured worker complained of low back pain, which he rated a 6/10. Injured worker stated that the pain radiated down to his leg bilaterally. It is constant, aching numbness and tingling with a crushing feeling to it. Severity he described as moderate to horrible. Physical examination, dated 01/09/2014, revealed that the injured worker's lumbar spine had an extension of normal with pain, flexion normal with pain, right rotate normal with pain, left rotate normal with pain, right lateral bending normal with pain, and left lateral bending normal with pain. There was tenderness upon palpation during the examination. The injured worker also reported to be tender over the bilateral lumbar paraspinal muscles and tender over the bilateral sacroiliac joints. Vertebral tenderness on the right/lumbar region, vertebral tenderness on the left/lumbar region. The injured worker also had tenderness over the bilateral lumbar facets. Gluteus medius spasms were noted bilaterally. Treatment plan is for the

injured worker to continue with additional sessions of PT. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x per week for 6 weeks (12) to lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for PT 2x per week for 6 weeks (12) to lower back is not medically necessary. The California MTUS states that physical medicine with active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had received prior physical therapy, but there was no quantified evidence of functional improvements with program and progress as a result of prior therapy received. It was also unclear as to when the injured worker received the physical therapy and how many sessions were attended. The MTUS Guidelines recommend a short course of physical therapy for low back pain as an optional form of treatment. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Furthermore, it is unclear if and why the injured worker would not benefit from a home exercise program. As such, the request for PT 2 times per week for 6 weeks for a total of 12 sessions for the lower back is not medically necessary.

Retrospective: Urine drug screen DOS 5/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Retrospective: Urine drug screen DOS 5/8/14 was not medically necessary. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction.

The injured worker is being prescribed opioids, and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for quarterly urine drug screening in the injured worker was not documented. The frequency of urine drug screen exceeds the recommendations of current evidence based guidelines. Guidelines also state that patients at low risk of addiction, aberrant behavior, should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no reason to perform confirmatory testing, unless a test was inappropriate or there were inappropriate results. If required, confirmatory testing should be for the questioned drugs only. As such, the request for retrospective urine drug screen dated 05/08/2014 was not medically necessary.