

<b>Case Number:</b>	CM14-0099200		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a male presenting with chronic pain following a work related injury on 05/11/2011. The claimant was diagnosed with right cervical radiculopathy, status post lumbar laminotomy and foraminotomy at multiple levels and a right-sided T12-L1 disc herniation status post discectomy. The claimant had 12 aquatic therapy visits and 18 land-based visits in 2013 and an additional 12 visits of therapy to the lumbar spine in 3/2014. The claimant also had urine drug screening authorized in 4/2014. The physical exam showed tenderness at T6 through T12, and antalgic gait. A claim was made for physical therapy and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week x 6 weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

**Decision rationale:** Physical therapy 2 times a week x 6 weeks for the lumbar spine is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records documents prior physical therapy visits without long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.

#### **6 Panel Urine Drug Testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Substance Abuse, Urine Drug Screen.

**Decision rationale:** 6 Panel Urine Drug Testing is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of her urine drug testing limited to point of care immunoassay testing. Additionally, the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.