

Case Number:	CM13-0008914		
Date Assigned:	09/10/2013	Date of Injury:	03/30/2012
Decision Date:	03/11/2015	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 27 year old female sustained a work related injury on 03/30/2012. According to a progress report dated 05/30/2013, the injured worker complained of moderate pain to her neck and mid/upper back. Examination of the lumbar spine revealed tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion. Examination of the thoracic spine revealed tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion. Straight leg raise was positive bilaterally. Diagnoses included thoracic spine strain/sprain, lumbar spine strain/sprain, rule out lumbar spine discogenic disease and depression/anxiety situational. Treatment plan included continue outside physical therapy to the lumbar spine and thoracic spine 2 times a week for 4 weeks, Tramadol. A urine toxicology test was administered. According to a progress report dated 07/15/2013, physical therapy helped decrease pain and tenderness. The injured worker's physical therapy was changed to acupuncture therapy for thoracic spine and lumbar spine, two times a week for four weeks. Urine toxicology was administered. It was unclear how many physical therapy sessions were completed to date. A urine toxicology report dated for 12/03/2012 was submitted for review. On 07/19/2013, Utilization Review non-certified urine toxicology testing and continued physical therapy to the lumbar spine and thoracic spine 2 times a week for 4 weeks. According to the Utilization Review physician, in regards to physical therapy, the claimant had been attending physical therapy treatments for this injury; however, the specific amount of treatments authorized and completed to date as well as documented measurable functional improvements from the prior completed treatments was not apparent. In regards to urine toxicology, one was obtained on

04/18/2013 and was consistent with medication regimen. Documentation provided no other information as to why the provider is request another urine toxicology test only 3 months later when the claimant is considered at "low risk" of addiction/aberrant behavior. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Physical Medicine, Official Disability Guidelines Low Back Summary and Urine Drug Testing. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY TO THE LUMBAR SPINE AND THORACIC SPINE, 2 TIMES A WEEK FOR 4 WEEKS: 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 Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the back is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some unnumbered sessions of physical therapy early in her treatment history with some notable improvements, although not measured. She was early on reporting doing home exercises without difficulty reported. Many months later, with this request for additional physical therapy, there was no reasoning included in the notes provided to justify a return to supervised physical therapy when she should have had sufficient experience with home exercises by now. There was no recent report suggesting she was having difficulty with home exercises, which should be the main strategy for physical medicine. Therefore the 8 additional sessions of physical therapy will be considered medically unnecessary.

URINE TOXICOLOGY TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in

patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the notes available for review of any abnormal or risky behavior or previous abnormal drug screening test results which might have justified a frequent urine drug screening schedule for this worker. Therefore, the urine toxicology testing will be considered medically unnecessary. With low risk individuals such as this worker, 1-2 tests at the most per year is sufficient.