MAXIMUS Federal Services

Case Number:	CM14-0189864		
Date Assigned:	11/21/2014	Date of Injury:	02/08/1995
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Practice 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 case involves a 63 year old male injured worker who sustained an injury when he fell off a warehouse shelve on 2/8/95 involving the neck and low back. He was diagnosed with cervical stenosis, cervical radiculopathy, and L3-L4 foraminal stenosis with radiculopathy and right carpal tunnel syndrome. He had used topical analgesics for pain control and had undergone chiropractic physiotherapy. In August of 2014, he had undergone at least 15 sessions of physical therapy. There was also notation of prior physical therapy in January and February of 2014 amounting to at least 12 sessions. A progress note on 9/22/14 indicated the injured worker had 6/10 cervical pain. At the time, the injured worker had been on Gabapentin, Temazepam, and Tramadol. Physical findings were notable for limited range of motion and tenderness in the cervical and lumbar spine. There was a positive straight leg raise test bilaterally. A request was made for 6 additional sessions of physical therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the cervical spine #6: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; and Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the injured worker had completed over 27 sessions of therapy. The injured worker was advised to do home exercises by the therapist. There was no indication for continued physical therapy. Therefore, this request is not medically necessary.

Random urine drug screen #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history of urine toxicology screen, this request is not medically necessary.