

Case Number:	CM15-0002597		
Date Assigned:	01/13/2015	Date of Injury:	11/17/2008
Decision Date:	04/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 35 year old female, who sustained an industrial injury on 11/17/08. She has reported pain in lumbar spine and lower extremities. The diagnoses have included lumbar pain, reflex sympathetic dystrophy, anxiety and failed back surgery syndrome. Treatment to date has included an intrathecal pump, oral medications, diagnostic studies and physical therapy. As of the PR2 on 12/10/14, the injured worker reported 5/10 constant low back pain with medication. She is reporting numbness and tingling in lower extremities. There is no documentation of medication non-compliance or mention of physical therapy progress. The treating physician is requesting to continue physical therapy 2x week for 4 weeks and confirmation of urine drug screen. On 12/23/14, Utilization Review non-certified a request to continue physical therapy 2x a week for 4weeks and final confirmation of a urine drug screen. The UR physician cited the MTUS guidelines for chronic pain medical treatment and the ODG pain chapter, urine drug screen confirmatory testing. On 1/6/15, the injured worker submitted an application for IMR for review of continues physical therapy 2x a week for 4weeks and final confirmation of a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy for the lumbar spine two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patients moving in a positive direction, no direction or negative direction (prior to continuing with physical server). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are CRPS of the lumbar spine and BLEs; chronic pain syndrome; failed back surgery syndrome; s/p SCS in 2011 with subsequent removal secondary to infection; s/p Morphine pump with subsequent complications including spinal fluid leak and subarachnoid hemorrhage bilaterally s/p MSSA of the lumbar spine; menstrual cycle changes; GI side effects most likely due to chronic use of medications; obesity secondary to chronic pain; insomnia secondary to chronic pain; neuropathic pain to the BLEs; constipation due to analgesics; s/p PICC line for IV antibiotics; and s/p gastric sleeve surgery and umbilical hernia repair on 8/25/2014. Subjectively, the injured worker complains of constant low back pain 5/10 with medications and 10/10 without medications. The pain radiates to the bilateral lower extremities. Objectively, there are trigger points overlying the lumbar spine is L4-L5 and L5-S1 on the left. Motor strength is 4/5 in all major muscle groups bilaterally. The injured worker received prior physical therapy. The total number of physical therapy sessions to date is not documented in the medical record. There is no documentation of objective functional improvement associated with physical therapy. The guidelines indicate treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in medical record reflecting a need for additional physiotherapy. Consequently, absent compelling clinical facts to support additional physical therapy lumbar spine, continued physical therapy for the lumbar spine two times per week times four weeks is not medically necessary.

Urine drug test that was performed on 12/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen date of service December 10, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed

substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are CRPS of the lumbar spine and BLEs; chronic pain syndrome; failed back surgery syndrome; s/p SCS in 2011 with subsequent removal secondary to infection; s/p Morphine pump with subsequent complications including spinal fluid leak and subarachnoid hemorrhage bilaterally s/p MSSA of the lumbar spine; menstrual cycle changes; GI side effects most likely due to chronic use of medications; obesity secondary to chronic pain; insomnia secondary to chronic pain; neuropathic pain to the BLEs; constipation due to analgesics; s/p PICC line for IV antibiotics; and s/p gastric sleeve surgery and umbilical hernia repair on 8/25/2014. Subjectively, the injured worker complains of constant low back pain 5/10 with medications and 10/10 without medications. The pain radiates to the bilateral lower extremities. Objectively, there are trigger points overlying the lumbar spine is L4-L5 and L5-S1 on the left. Motor strength is 4/5 in all major muscle groups bilaterally. The injured worker received prior physical therapy. Urine drug screen was performed on December 10, 2014. The injured worker takes Dilaudid 8 mg, Ambien 12.5 mg, Cymbalta 60 mg, Gralise 600 mg, and MS Contin. There are no risk assessments in the medical record. The frequency of urine drug testing is determined by whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. There is no clinical rationale in the medical record for performing urine drug screen. Additionally, there were no prior urine drug screens available for review in the medical record. Although a urine drug screen is a tool to monitor compliance, a clinical indication/rationale is missing from the medical record documentation. Consequently, absent clinical documentation/rationale to support a urine drug screen and a risk assessment, urine drug screen date of service December 10, 2014 is not medically necessary.