

Case Number:	CM15-0008284		
Date Assigned:	01/26/2015	Date of Injury:	11/07/2013
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 11/7/2013. He has reported back pain after slipping. The diagnoses have included lumbar and thoracic sprain, lumbar radiculopathy and sciatica. A Magnetic Resonance Imaging (MRI) completed 5/5/14 significant for L4-5 and L5-S1 disc protrusion. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), epidural steroid injections, seventeen (17) sessions of physical therapy, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use. Electromyogram and Nerve Conduction (EMG/NCS) studies completed on lower extremities 1/23/14 were abnormal. Currently 11/12/14, the IW complains of severe back pain, with associated radiation to lower extremities and left leg weakness. Physical examination significant for moderate tenderness, muscle spasms and muscle guarding with palpation and with Range of Motion (ROM) of the lumbar spine, positive straight leg raise, and decreased Range of Motion (ROM) of lumbar flexion, extension, and rotation. The medications listed on 12/10/2014 are Naproxen and Flexeril. On 12/18/2014 Utilization Review non-certified a physical therapy two (2) times weekly for five (5) weeks, L/S, T/S, and Urine analysis, noting the documentation did not document objective functional results to support medical necessity of additional physical therapy sessions. The MTUS Guidelines were cited. On 1/14/2015, the injured worker submitted an application for IMR for review of physical therapy two (2) times weekly for five (5) weeks, L/S, T/S, and a Urine analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 5 weeks, for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,26-47,98-99. Decision based on Non-MTUS Citation Pain Chapter Shoulder

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The physical therapy treatment can lead to decrease in pain, reduction in medications utilization and improvement in physical function. The record indicate that the patient completed 17 PT. The patient is utilizing medications and TENs unit. There is no documentation of exacerbation of musculoskeletal pain. The criteria for 2 times a week for 5 weeks PT to left shoulder was not met.

Urinalysis for drug compliance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Pain Chapter Urine Toxicology Tests

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring that include Urine Drug Screen be implemented during chronic opioid treatment. The record did not indicate that the patient is utilizing opioid or other sedative medications. There is no documentation of the presence of aberrant behavior or 'red flag' condition. The patient was noted to be utilizing only NSAIDs and Flexeril. The criteria for Urinalysis for medication compliance was not met.