

Case Number:	CM15-0149821		
Date Assigned:	08/13/2015	Date of Injury:	09/30/1997
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: Arizona, California

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:

The injured worker is a 59 year old male, who sustained an industrial injury on September 30, 1997, incurring upper and lower back injuries after falling off a ladder. He was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar stenosis, cervical radiculopathy and cervical disc disease. The injured worker refused surgery in 2004. Magnetic Resonance Imaging in 2008 revealed disc protrusions. Treatment included pain medications, physical therapy, and surgical intervention. He underwent lumbar decompression, and a surgical fusion from the thoracic spine to the sacral spine. Currently, the injured worker complained of constant low back pain radiating to the legs and neck pain radiating to the arms. He had crying spells from the pain, periods of depression, difficulty sleeping and frequent headaches. His pain level was 10 out of 10 without medications. The injured worker was unable to physically stand and used a wheelchair for his mobility. The injured worker was totally dependent on his wife for all activities of daily living. The treatment plan that was requested for authorization included a urine toxicology screen and Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine screen 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 is 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 a urine toxicology screen is not medically necessary.

Psych Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23.

Decision rationale: According to the guidelines therapy is recommended based on the following: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the claimant has undergone an unknown amount of therapy sessions over the past several years. Recent progress notes are not provided to justify additional therapy. The quantity of sessions is not provided. The request to continue psych therapy is not medically necessary.