MAXIMUS Federal Services

Case Number:	CM15-0182386		
Date Assigned:	09/23/2015	Date of Injury:	06/16/1999
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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, 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:

This injured worker is a 59 year old male, who sustained an industrial injury on 06-16-1999.The injured worker was diagnosed as having lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar spondylosis without myelopathy and lumbago. On medical records dated 07-15-2015 and 05-21-2015, subjective complaints were noted as low back pain. Pain was rated at 5 out of 10 on pain scale. Objective findings were noted as low back tenderness to palpation over mid to lower lumbar paraspinal bilaterally and active flexion was limited to 80 degrees secondary to pain. The injured worker underwent an MRI of the lumbar spine in 08-2012. Urine drug screening on 07-15-2015 suggested that the injured worker was not taking Tylenol #3. Documentation noted that quantitative urine confirmation from 12/18/2014 was consistent. Treatment to date included medication, acupuncture, 5 sessions of physical therapy, lumbar spine nerve block, and epidural steroid injections. Current medication was listed as Norco, Tylenol #3, and Cymbalta. Other medication list include Gabapentin. The patient has had UDS on 7/15/15 that was negative for Tylenol #3 and it was inconsistent. The patient has had history of consistent UDS on 12/18/14. The Utilization Review (UR) was dated 08-18-2015. A Request for Authorization was dated 07-17-2015 requested urine drug screen, APAP with codeine, Duloxetine DR, and outpatient physical therapy x12 for evaluation-treatment of lower back pain and RTC in 2 months for follow up with pain management. The UR submitted for this medical review indicated that the request for urine drug screen, quantitative urine confirmation and outpatient physical therapy x12 for evaluation-treatment of low back pain were non-certified. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, quantitative urine confirmation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of urine drug testing, http://www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15), Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco, and Tylenol #3. The patient has had UDS on 7/15/15 that was negative for Tylenol #3 and it was inconsistent. The patient has had history of consistent UDS on 12/18/14. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain and to check for aberrant drug behavior like drug diversion or use of controlled substances from other sources. The request for Urine drug screen, quantitative urine confirmation is medically appropriate and necessary in this patient.

Outpatient physical therapy x 12 for eval/treatment of low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The guidelines cited below state, "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 patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Outpatient physical therapy x 12 for eval/treatment of low back pain is not medically necessary.