MAXIMUS Federal Services

Case Number:	CM15-0182961		
Date Assigned:	09/23/2015	Date of Injury:	04/23/2015
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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
Certification(s)/Specialty: Emergency 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 46 year old male who sustained an industrial injury on 4-23-15. A review of the medical records indicates he is undergoing treatment for lumbar degenerative disc disease, lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myospasm, and lumbar radiculopathy. Medical records (7-13-15 to 8-21-15) indicate constant "moderate" low back pain, rating 5-6 out of 10. He reports that the pain radiates to the right leg. The injured worker describes the pain as "sharp, stabbing" pain. The physical exam (8-21-15) reveals limited range of motion in the lumbar spine with decreased muscle strength, "4 out of 5" in the hamstrings. The treating provider indicates a "very slow and guarded gait". The treating provider also indicates tenderness and spasm of the lumbar paravertebral muscles. The straight leg raise causes pain on the right side. Diagnostic studies have included an MRI of the lumbar spine on 7-13-15 and an EMG-NCV of bilateral lower extremities on 7-22-15. The records do not indicate effects on activities of daily living. However, the injured worker indicates the pain is aggravated by prolonged sitting, standing, walking, driving, climbing stairs, and bending.
Treatment has included oral medications: Diclofenac and Pantoprazole, acupuncture (7 sessions completed as of 8-21-15), physical therapy (9 sessions completed as of 8-21-15), and massage. The records indicate relief of symptoms from medications, massage, and acupuncture. The requests for authorizations (8-12-15) include a urine drug screen to "rule out medication toxicity and to help control pain and maintain medication intake", as well as a request for physical therapy treatment 2x per week for 3 weeks to lumbar spine "to help increase activities of daily living and decrease pain, as well as to restore functional improvement of the symptomatic

condition". The utilization review (8-19-15) indicates a request for acupuncture for the low back in a quantity of 8, as well as the previous indicated requests for authorization. The determination indicates denial of the request for a urine drug screen and modification of the requests for physical therapy and acupuncture. The rationale is as follows: 1. Urine drug screen "the current report does not mention any use of an Opioid". 2. Physical therapy modified to 6 sessions based on the physical exam and injured worker's complaints. 3. Acupuncture - modified to 4 sessions based on the physical exam and injured worker's complaints. Documentation by one of the providers is exceedingly poor. These notes are done in a "SOAP" formate with single word statements and it is unclear what is being planned or has been done with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: 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): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screening may be considered if patient is on opioids or there is a plan of initiating opioids. Provider has not documented that patient is on opioid therapy or planning on starting opioids. Urine Drug Screen is not medically necessary.

Physical Therapy for the low back QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommend a trial of up to 6 sessions before any additional is recommended. It is also unclear if patient has already received any physical therapy since multiple notes from one provider keeps stating "PTx2/wk" with nothing else documented. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. This request exceeds a trial maximum and it is also unclear if patient has ongoing PT or has completed prior PT sessions. The request is not medically necessary.

Acupuncture Therapy for the low back QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per MTUS Acupuncture guidelines, a trial of 4-6 sessions of acupuncture may be justified with any additional sessions only recommended if there is documentation of objective improvement in pain and function. This request exceeds guidelines for a trial and is not medically necessary.