

<b>Case Number:</b>	CM15-0201868		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 61 year old female who sustained a work-related injury on 6-22-14. Medical record documentation on 9-10-15 revealed the injured worker was being treated for disc herniation of the cervical spine at C5-6 level, impingement syndrome of the right shoulder and disc herniation of the lumbar spine at the L5-S1 level. She reported neck pain with tightness and spasm and radiation of pain to the right arm. She reported pain in the anterior aspect of the right shoulder with marked weakness and low back pain with radiation of pain to the leg. Objective findings included tenderness to palpation along the trapezius muscle bilaterally with mild spasm. Her cervical spine range of motion was full and neurogenic compression tests were positive on the right. Her right shoulder contours were equal bilaterally. She had marked pain elicited to palpation over the anterior aspect of the shoulder and her right shoulder range of motion was full. Her grip strength was 20-20-10 on the right and 40-40-30 on the left. Her supraspinatus and deltoid motor strength was 4+ - 5. Impingement tests I and II were positive. Examination of the thoracolumbar spine revealed forward flexion to 70 degrees. Reversal of lumbar lordosis was full and she had tenderness to palpation over the lumbar spine with spasm noted. Straight leg raise testing was positive on the right. Documentation on 12-10-14 revealed the injured worker had completed one out of twelve physical therapy sessions for the neck, back, right shoulder and right ankle. A request for urine toxicology screen, physical therapy three times a week for four weeks for the cervical spine, physical therapy three times a week for four weeks for the lumbar spine and physical therapy three times per week for the right shoulder was received on 9-16-15. On 9-22-15, the Utilization Review physician determined urine toxicology screen, physical

therapy three times a week for four weeks for the cervical spine, physical therapy three times a week for four weeks for the lumbar spine and physical therapy three times per week for the right shoulder was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3 times a week for 4 weeks for cervical spine: Upheld**

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. It is clear that prior PT has taken place as the consultation note in September 2015 indicates PT notes have been reviewed. Therefore additional physical therapy is not medically necessary.

**Physical therapy 3 times a week for 4 weeks for lumbar spine: Upheld**

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. It is clear that prior PT has taken place as the consultation note in September 2015 indicates PT notes have been reviewed. Therefore additional physical therapy is not medically necessary.

**Physical therapy 3 times a week for 4 weeks for right shoulder: Upheld**

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. It is clear that prior PT has taken place as the consultation note in September 2015 indicates PT notes have been reviewed. Therefore additional physical therapy is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation in a consultation note dated 9/10/15 that the urine drug screen to evaluate the efficacy of medications. It should be noted the urine drug testing does not evaluate the effectiveness of medications, but rather a patient's compliance. There is no notation of when the last previous urine toxicology testing was done. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.