MAXIMUS Federal Services

Case Number:	CM15-0202846		
Date Assigned:	10/19/2015	Date of Injury:	02/08/1995
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male, who sustained an industrial injury on 2-8-1995. The injured worker is undergoing treatment for: bilateral shoulder pain, neck pain, and low back pain, lumbar disc protrusion with neural encroachment. On 8-17-15, he reported pain to the bilateral shoulder, bilateral wrists and hands, neck, and low back. He is indicated to have completed at least 8 sessions of physical therapy for the neck and low back. There is no discussion of the efficacy of the physical therapy. On 9-14-15, he reported low back pain rated 8 out of 10 with increased left lower extremity pain. He also reported instability and falling with the left leg "giving out" on him. He indicated that medications help him maintain activities of daily living such as shopping, and cooking. Objective findings revealed tenderness in the lumbar spine, limited range of motion of the lumbar spine, positive straight leg raise test, antalgic gait, and difficulty with rising from a seated position. The treatment and diagnostic testing to date has included: multiple sessions of physical therapy for the neck and low back, home exercise, stretching, heat, activity modification. Medications have included: cyclobenzaprine, Temazepam, naproxen and tramadol. Current work status: temporarily totally disabled. The request for authorization is for: left L4-5 decompression, continue physical therapy of the lumbar spine, and urine toxicology 1x per month. The UR dated 10-12-2015: non-certified the request for left L4-5 decompression, continue physical therapy of the lumbar spine and urine toxicology 1x per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: A MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this case the note from 9/8/15 does document sensory changes in the L5 and S1 dermatomes, but they are present bilaterally. These symptoms do not correlate with the imaging findings documented on the MRI report from 1/6/14, which reports these levels are essentially normal. In addition, the electrodiagnostic study from 2/20/14 does not demonstrate findings consistent with left sided lumbar radiculopathy. Therefore the guideline criteria have not been met and request is not medically necessary.

Continue Physical Therapy Lumbar Spine, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has undergone extensive physical therapy and there is no documentation of functional improvement

or institution of a home exercise program. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.

Urine Toxicology 1x per month, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

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.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the documentation does not indicate that the injured worker has a history or illicit drug use, aberrant behavior or escalating opioid doses. He would be considered "low risk" and frequency of drug tests should be 6 months after initiating therapy and annually thereafter. As the frequency of urine drug testing exceeds that recommended in the guidelines, the request is not medically necessary.