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| Case Number: | CM15-0025567 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 5/19/2014. She has reported back pain. The diagnoses have included lumbosacral strain, disc herniation, lumbar facet syndrome, lumbar disc disease, and lumbar radiculopathy. Treatment to date has included physical therapy, home exercise and ice and an epidural injection. Currently, the Injured Worker complains of pain in the right elbow, bilateral hands/wrists, lumbar spine, bilateral knees and bilateral feet. Physical examination from 12/8/2014 documented tenderness over plantar fascia, normal Range of Motion (ROM), muscle spasms L3-S1, positive straight leg raise tests and tenderness over wrists. Magnetic Resonance Imaging (MRI) was documented to demonstrate disc bulge and disc space narrowing. The plan of care included an epidural steroid injection pending authorization. The Injured Worker was note indicated that there are no current medication being utilized. The previous medications listed were Tramadol, Vicodin, Robaxin and Gabapentin. On 1/14/2015 Utilization Review non-certified physical therapy twice a week for six weeks and a urine toxicology screen, noting the lack of documentation regarding function improvement following the initial 24 sessions and participation in a home exercise program, the documentation did not support medical necessity per regulations. The MTUS and ODG Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of physical therapy twice a week for six weeks and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX (www.odg-twc.com); Section: Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99.

Decision rationale: The CA MTUS recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can result in functional restoration and reduction in pain and medications utilization. The records indicate that the patient had completed several PT programs. The guideline recommend that patients progress to a home exercise program after completion of supervised PT. The patient had progressed to a home exercise program in May 2014. There is no subjective or objective findings consistent with exacerbation of musculoskeletal pain that required resumption of supervised PT. The criteria for PT 2 times a week for 6 week was not met.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Drug Testing Page(s): 43 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96.

Decision rationale: The CA MTUS guidelines recommend that compliance monitoring be implemented and documented during chronic opioid treatment. It is recommended that Urine Drugs Screen (UDS) can be done at initiation and then continued at random intervals during chronic opioid treatment. The record did not show that the patient is currently utilizing any opioid or sedative medications. The November 2014, clinic note indicated that the patient was not utilizing any opioid medication. There is no documentation of aberrant behavior or a 'red flag' condition. The criteria for the use of Urine Toxicology Screen was not met.