

Case Number:	CM15-0026312		
Date Assigned:	02/18/2015	Date of Injury:	09/02/2014
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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: Ohio, North Carolina, Virginia
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:

The injured worker is a 62 year old who sustained an industrial injury on 09/02/2014. Diagnoses include sprain and strain of the lumbosacral spine. Treatment to date has included medications, and physical therapy. A physician progress note dated 01/26/2015 documents the injured worker's low back pain is getting worse. On examination her gait is normal. She has positive lumbar tenderness. Muscle spasms are noted in the paraspinal musculature. Lumbar spine range of motion is decreased by 10%. X rays done on 11/19/2014 shows disc space narrowing at L4-5 and L5-S1 with mild scoliosis. Treatment requested is for Physical Therapy 2 x wk. x 4 wks., lumbar spine, and Drug screen, full panel UDS date of service 01/26/15. On 02/03/2015 Utilization Review non-certified the request for Physical Therapy 2 x wk. x 4 wks., lumbar spine and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and Official Disability Guidelines. The request for a Drug screen, full panel UDS date of service 01/26/15, was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen, full panel UDS date of service 01/26/15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) Chapter. Urine drug testing and opioids indicators for addiction and misuse sections.

Decision rationale: Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this instance, the injured worker had missed a scheduled appointment. The treating physician reasoned that this was a potential indicator of potential aberrant drug use which justified a random urine drug screen on 1-26-2015. He stated that a full urine drug panel was additionally required to quantify the level of opiates in the injured worker's system and to detect other medications not routinely included in the office based urine drug screen. This rationale is supported by the guidelines cited. Therefore, a drug screen and full panel UDS date of service 01/26/15 was medically necessary.

Physical Therapy 2 x wk x 4 wks, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Low Back & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back Chapter. Physical therapy section.

Decision rationale: The Official Disability Guidelines allow for 10 physical therapy visits over 5 weeks for lumbar sprain and strains. The injured worker in this instance had a physical examination and radiographs consistent with that diagnosis. Therefore, physical therapy 2 x wk x 4 wks, lumbar spine is medically necessary.