MAXIMUS Federal Services

Case Number:	CM15-0210088		
Date Assigned:	10/29/2015	Date of Injury:	09/23/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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

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 58-year-old female, who sustained an industrial injury on September 23, 2014. She reported sharp pain in her back, neck and bilateral shoulders. The injured worker was currently diagnosed as having degenerative arthritis of the lumbar spine, mid dorsal spine spasms and guarding noted and lower back strain and sprain. Treatment to date has included diagnostic studies, chiropractic treatment and medication. A physical therapy evaluation was performed on July 8, 2015. Recommendations included therapeutic exercises, trunk core program, home exercise program and soft tissue modalities as needed. On September 17, 2015, the injured worker complained of sharp pain in her back, neck and bilateral shoulders. Physical examination of the lumbar spine revealed tenderness and spasm. Lumbar spine range of motion was flexion 50 degrees, lateral bending 10 degrees and rotation 15 degrees. An MRI of the lumbar spine showed some osteophytic complex in the lumbar spine in L4-L5 and L5-S1 and 2mm disc bulge at L3-L4 and L4-L5. The treatment plan included Flexeril, Tramadol, Menthoderm creams, continuation of chiropractic treatment, physical therapy as necessary, home exercises and a follow-up visit. On October 6, 2015, utilization review denied a request for physical therapy two to three times a week for six weeks to the lumbar spine and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2-3 x 6 to Lumbar: 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): Physical Medicine.

Decision rationale: The current request is for PT 2-3X 6 TO LUMBAR. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatments and medications. The patient may "continue working as she is doing at present." MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/17/15 the patient presents with of sharp pain in her back, neck and bilateral shoulders. Physical examination of the lumbar spine revealed tenderness and spasm. Lumbar spine range of motion was flexion 50 degrees, lateral bending 10 degrees and rotation 15 degrees. An MRI of the lumbar spine showed some osteophyte complex in the lumbar spine in L4-L5 and L5-S1 and 2mm disc bulge at L3-L4 and L4-L5. The treater states, "She is to continue with chiropractic treatment, physical therapy as necessary and a home exercise program." Report 07/17/15 states "Continue PT per plan." The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, there is no report of new injury, new diagnoses, or recent surgery to substantiate the current request for 12-18 visits. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The current request exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Urine Toxicology Screen: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The current request is for urine toxicology screen. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatments and medications. The patient may "continue working as she is doing at present." MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: 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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per report 09/17/15 the patient presents with of sharp pain in her back, neck and bilateral shoulders. Physical examination of the lumbar spine revealed tenderness and spasm. Lumbar spine range of motion was flexion 50 degrees, lateral bending 10 degrees and rotation 15 degrees. An MRI of the lumbar spine showed some osteophyte complex in the lumbar spine in L4-L5 and L5-S1 and 2mm disc bulge at L3-L4 and L4-L5. Current medications include Tramadol, Flexeril and Menthoderm cream. There is no indication of any recent Urine Drug Screening. ODG does support once yearly screening for low risk patients, which are on an opiate regimen. Given that there is no indication of any recent screening, the request appears reasonable. Therefore, this request IS medically necessary.