

Case Number:	CM15-0052087		
Date Assigned:	03/25/2015	Date of Injury:	08/31/1995
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/19/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 68-year-old who has filed a claim for chronic neck, wrist, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of August 31, 1995. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve requests for unspecified medications, urine toxicology testing, and six sessions of physical therapy for the wrist. The claims administrator referenced a January 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of low back, neck, and wrist pain reportedly attributed to cumulative trauma at work. Ancillary complaints of depression, anxiety, and psychological stress were reported. The applicant had apparently undergone failed bilateral carpal tunnel release surgery as well as a failed lumbar spine surgery. Permanent work restrictions imposed by a medical-legal evaluator were renewed. Additional physical therapy and unspecified medications were likewise endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for unspecified medications was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The attending provider should also tailor medication and dosages to the specific applicant, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider's choice of pharmacotherapy should be based on the type of pain and/or pain mechanism in question. Here, however, the names of the medication and/or medications in question were not detailed. The applicant's response to previous medication consumption was likewise not detailed. No discussion of medication efficacy transpired. Therefore, the request was not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine toxicology screen (urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to classify applicants into higher or lower-risk categories for which more or less frequent drug testing would be indicated, etc. Here, however, it was not stated when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. There was no mention whether the applicant was a higher or lower-risk individual for whom more or less frequent testing would have been indicated. Therefore, the request was not medically necessary.

Physical Therapy 2 times a week for 3 weeks both wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98; 8.

Decision rationale: Finally, the request for six sessions of physical therapy for the bilateral hands was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant was some 19 years removed from the date of injury as of the date of the request. It was not clearly stated why the applicant could not transition to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. No clear goals for further physical therapy were furnished. It was further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant had been given permanent work restrictions by an Agreed Medical Evaluator. It did not appear that the applicant was working with said permanent limitations in place, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.