

<b>Case Number:</b>	CM15-0086523		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Connecticut, California, Virginia  
 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 56 year old female injured worker suffered an industrial injury on 02/01/2006. The diagnoses included left carpal tunnel release, bilateral knee internal derangement, bilateral elbow internal derangement, cervical radiculopathy and lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 3/30/2015 the treating provider reported constant pain in both knees, both elbows, left wrist, both ankles, neck and back. The injured worker reported having difficulty sleeping with pain rated as 10/10. On exam the straight leg raise was positive with difficulty standing from a seated position. The treatment plan included Physical Therapy, Cervical/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:

**Physical Therapy, Cervical Spine, 3 times weekly for 4 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is nine years from the initial date of injury, but whether this is an exacerbation or chronic pain, close evaluation for functional improvement with treatment is paramount. With respect to number of visits for manual therapy and manipulation, the MTUS states that several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the request for 12 visits without evaluation for efficacy prior to completion of treatment is not medically necessary based on the provided documents.

**Urine Toxicology screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Tox Screening Page(s): 89.

**Decision rationale:** The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc., however the patient is noted to have chronic pain and be taking opiates for treatment. A note from January 2015 indicates a prescription for Tylenol #4. There is no documentation of concerns for abuse/misuse or aberrant behavior, however, the chronic nature of the patient's case and the use of opioids warrants an initial screen to properly manage continuing treatment. Therefore the need for screening is substantiated at this time and is therefore considered medically necessary.

**Physical Therapy, Lumbar Spine, 3 times weekly for 4 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated

for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.