MAXIMUS Federal Services

Case Number:	CM14-0115084		
Date Assigned:	08/04/2014	Date of Injury:	12/31/2013
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 31, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for 12 sessions of physical therapy, functional capacity evaluation, and a urine drug screen. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the injured worker reported persistent complaints of neck pain, low back pain, wrist pain, hand pain, ranging from 7-9/10, reportedly attributed to cumulative trauma at work. The injured worker was placed off of work, on total temporary disability. An additional 12 sessions of physical therapy, urine drug testing, and a functional capacity evaluation were endorsed while the injured worker was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99,8.

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the injured worker is off of work, on total temporary disability, despite having completed earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, the injured worker is off of work, on total temporary disability. It is not clear why a functional capacity evaluation to quantify the injured worker's impairment is needed or indicated here. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: 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. As noted in the Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clear what drug tests and/or drug panels he is testing for, identify when an injured worker was last tested, and attach the injured worker's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not state when the injured worker was last tested. The attending provider did not

state what drug tests and/or drug panels were being sought here. Therefore, the request is not medically necessary.