

Case Number:	CM14-0136034		
Date Assigned:	09/03/2014	Date of Injury:	11/23/2012
Decision Date:	09/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old female with an 11/23/12 date of injury and status post left knee arthroscopy on 4/2/14. At the time (6/23/14) of request for authorization for Physiotherapy 2x4 to Left Knee, L5-S1 Epidural Steroid Injection, Lumbar Spine Brace, and Urine Toxicology Screen, there is documentation of subjective (neck pain, mid back pain, low back pain, bilateral arm pain, bilateral shoulder pain, bilateral leg pain, bilateral thigh pain, and bilateral knee pain) and objective (tenderness to palpation over the C4-C7 spinous processes with decreased cervical range of motion; tenderness to palpation over the shoulders with decreased right shoulder flexion; tenderness to palpation over the bilateral lateral epicondyles; decreased medial joint line tenderness bilaterally; and tenderness to palpation over the lumbar paraspinal musculature with decreased range of motion) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain, bilateral knee sprain/strain, and bilateral ankle sprain/strain), and treatment to date (physical therapy, left knee arthroscopy, and ongoing opioid therapy). In addition, 1/14/14 and 5/12/14 urine drug screen reports identify consistent findings. Furthermore, medical reports identify 26 physical therapy sessions completed to date and authorization/certification of L5-S1 lumbar epidural steroid injection on 2/4/14. Regarding Physiotherapy 2x4 to Left Knee, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding L5-S1 Epidural Steroid Injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Regarding Lumbar Spine Brace, there is no documentation of compression fractures, spondylolisthesis, or

documented instability. Regarding Urine Toxicology Screen, there is no documentation of abuse, addiction, or poor pain control; and that the patient is at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x4 to Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. In addition, there is documentation of status post left knee arthroscopy on 4/2/14 and 26 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physiotherapy 2x4 to Left Knee is not medically necessary.

L5-S1 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical

necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. In addition, there is documentation of a prior L5-S1 lumbar epidural steroid injection certified/authorized on 2/4/14. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Epidural Steroid Injection is not medically necessary.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Brace is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid

treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. In addition, given documentation of the 1/14/14 and 5/12/14 urine drug screen reports with consistent findings, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology Screen is not medically necessary.