

Case Number:	CM14-0147475		
Date Assigned:	09/15/2014	Date of Injury:	01/05/2008
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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 patient is a 51-year-old male who has submitted a claim for failed back syndrome, lumbar radiculopathy, lumbar facet arthropathy, and right shoulder impingement syndrome associated with an industrial injury date of January 5, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of pain in his right arm, lumbar spine, right elbow, right shoulder, neck, left wrist and left hand. Examination revealed tenderness in the cervical spine, lumbar spine, and right shoulder. He also had a decreased ROM of the right shoulder. Neer's sign was positive. Official urine drug screen result from February 2014 was not available for review. Treatment to date has included Percocet, Relafen, omeprazole, home exercises and nerve root block injections. Utilization review from August 25, 2014 denied the request for physical Therapy two times a week for six weeks, back right shoulder #12 and toxicology - Urine Drug Screen. The request for physical therapy was denied because there was no mention of what body parts this is for. The reason for the denial of the urine drug screen was not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks, back right shoulder #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended number of visits for myalgia and myositis is 9-10 over 8 weeks whereas for neuralgia, neuritis and radiculitis, it is 8-10 over 4 weeks. In this case, physical therapy was requested but the target body parts were not mentioned in the request. It is also not clear whether the patient had previous physical therapy. The medical necessity cannot be established due to insufficient information. Therefore, the request for Physical Therapy two times a week for six weeks, back right shoulder #12 is not medically necessary.

toxicology - Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient was recommended to undergo urine screen because he was on Percocet. He also had a prior urine toxicology test on February 2014; however, official result was not available in the records submitted. It is unclear why the patient needs to have another one as there is no evidence of an aberrant behavior that may predispose the patient to drug abuse. Neither does the patient have suicidal risks or poorly controlled depression. Therefore, the request for toxicology, Urine Drug Screen is not medically necessary.