

Case Number:	CM14-0211896		
Date Assigned:	12/24/2014	Date of Injury:	08/23/2009
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 09/23/2009. This patient receives treatment for chronic headaches, cervical and thoracic region pain, right carpal tunnel syndrome, bilateral medial epicondylitis, lumbago with radiculopathy, and a history of coccyx fracture. Topiramate has reduced the headache pain. Other medications prescribed include hydrocodone, omeprazole, and fluoxetine. There were no radiology reports submitted for review. On physical exam, there was loss of ROM of the lumbar spine, tenderness on palpation of the muscles of the upper and lower back, positive SLR (at what angle is not stated), and motor weakness of the left hand grip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x5 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: The patients initial injuries occurred in 2009. There was no documentation provided for the treatment from that period. It is likely that physical therapy was prescribed previously. There is no documentation of any new injury that would require more physical therapy. The guidelines call for a fading of physical therapy and then continuation of an active home exercise program. There is no documentation of this process. Additional physical therapy is not medically indicated. This review covers 4 requests.

Donut pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment

Decision rationale: The documentation provided does not make clear why the donut pillow is needed at this time. Given the history of a coccygeal fracture, a donut pillow may have been medically indicated in 2009 at the time of the initial trauma while the bone healed. This usually takes 6 weeks. There is no evidence of an acute injury now. Based on the documentation, a donut pillow is not medically indicated.

Pil-o-splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Splinting

Decision rationale: The documentation from the treating physician does not make clear why the Pil-o-splint is needed at this time. The date of injury for this problem is in 2009. Typically the role of immobilization is limited to the acute phase of treatment, the first 6 weeks. Ongoing use of splinting is not medically indicated.

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 Disability Guidelines (ODG), pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical red flags include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.