

Case Number:	CM14-0218155		
Date Assigned:	01/07/2015	Date of Injury:	08/20/2012
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 fifty-year old female who sustained a work-related injury on August 20, 2012. A request for twelve sessions of lumbar and cervical spine physical therapy and for urine toxicology quantitative and confirmatory testing was non-certified by Utilization Review (UR) on December 12, 2014. The UR physician utilized the California (CA) MTUS Chronic Pain Treatment Guidelines and the Official Disability Guidelines (ODG) in the request. The UR physician noted that the CAS MTUS guidelines recommend eight to ten visits of physical therapy to the lumbar and cervical spine and that the request for additional sessions would exceed the recommendations. With regard to the request for Urine Toxicology, the UR physician noted that the documentation reviewed did not indicate the injured worker was on prescriptions medications and she exhibited no aberrant behavior for which testing would be considered. A request for Independent Medical Review (IMR) was initiated on December 30, 2014. Included in the documentation provided for IMR is a physician's evaluation of November 10, 2014. The evaluating provider documented that the injured worker continued to complain of back pain with radiation of pain to the left leg and of neck pain with radiation to the left arm. The injured worker continued to have stiffness and spasms of the cervical spine. The evaluating physician noted that a urine toxicology screen was administer to evaluate the patient's medication management and/or ongoing medication therapy to diagnose substance misuse, abuse, addiction and other aberrant drug-related behavior. In addition the evaluating physician requested twelve additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY - LUMBAR AND CERVICAL SPINE - 2 X WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone 12 session of PT in accordance with the records of the claims administrator. At this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested is not medically necessary.

URINE TOXICOLOGY QUANTITATIVE AND CONFIRMATORY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. The notes indicate that the patient is taking opioid medication (Norco) in documentation from July 2014 and November 2014. Within the documentation available for review, it appears that the provider has recently not performed any risk assessment, such as the utilization of the Opioid Risk Tool or SOAPP in order to risk stratify this patient. Given this, this request is not medically necessary.

