

Case Number:	CM14-0219094		
Date Assigned:	01/09/2015	Date of Injury:	12/21/2010
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 66 year old man sustained an industrial injury on 12/21/2010 due to cumulative trauma. Current diagnoses include grade I spondylolisthesis with instability. Evaluations include lumbar spine X-rays (undated) showing spondylolisthesis with instability at L4-L5 and an MRI of the lumbar spine performed on 7/30/2014 showing degenerative change with disc bulging at L4-L5, facet hypertrophy, and ligamentum flavum redundancy resulting in narrowing of the spinal canal. Orthopedic notes from a PR-2 dated 11/13/2014 state that the worker is currently participating in a physical therapy program that is helping his core strengthening and a urine toxicology screening was performed to check efficacy of medications. Recommendations were made for continued physical therapy. On 12/5/2014, Utilization Review evaluated prescriptions for physical therapy to the lumbar spine three times per week for four weeks and urine toxicology screen, submitted on 12/31/2014. The UR physician noted that the worker has received several sessions of physical therapy and should be well versed in an independent home exercise regimen. Further, the physical therapy notes do not support additional therapy. There was no documentation found to support evidence of drug dependency, concerns for misuse or abuse, or previous negative urine drug screens that would support a current drug screen. The MTUS, ACOEM Guidelines, or ODG was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine 3x4: 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): 98-99.

Decision rationale: The 66 year old male patient, date of injury 12/21/10, presents with pain to the lumbar spine radiating to the lower extremities and the right shoulder. The request is for PHYSICAL THERAPY TO THE LUMBAR SPINE 3X4. The request for authorization is dated 11/21/14. The patient states his pain is a level 6 and is prescribed Norco to alleviate pain and discomfort. Patient has limited range of motion and a limping ambulation. MRI of the lumbar spine on 07/30/14 shows the pedicles are congenitally short throughout the lumbar spine with prominence of epidural fat in the lower lumbar spine, at L4-5 a right foraminal disk high signal intensity zone suggests an annular fissure, and multilevel facet hypertrophic change most prominent at L4-5 with small facet effusions. The patient is not working. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 11/13/14, treater's reason for the request is "to improve dynamic lumbar stabilization." Given the patient's symptoms, a short course of physical therapy would be indicated by guidelines. However, per UR letter dated 12/05/14, treater previously submitted a request for authorization for physical therapy to the lumbar spine 3X4 and was authorized on 11/04/14. Report dated 11/26/14, the patient has had 6 sessions of physical therapy. The treater has not provided documentation or discussion on why additional physical therapy is needed, nor indicated why patient cannot move on to home therapy program. Furthermore, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.

Urine toxicology screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine drug testing

Decision rationale: The 66 year old male patient, date of injury 12/21/10, presents with pain to the lumbar spine radiating to the lower extremities and the right shoulder. The date of injury is 12/21/10. The request is for URINE DRUG SCREEN. The request for authorization is dated

11/21/14. The patient states his pain is a level 6 and is prescribed Norco to alleviate pain and discomfort. Patient has limited range of motion and a limping ambulation. MRI of the lumbar spine on 07/30/14 shows the pedicles are congenitally short throughout the lumbar spine with prominence of epidural fat in the lower lumbar spine, at L4-5 a right foraminal disk high signal intensity zone suggests an annular fissure, and multilevel facet hypertrophic change most prominent at L4-5 with small facet effusions. The patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 11/13/14, treater's reason for the request is "to check efficacy of medications." The patient is prescribed Norco since at least 10/02/14, which is an opiate. There is no indication that UDS has been done recently in medical records provided. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request request IS medically necessary.