

Case Number:	CM15-0113949		
Date Assigned:	06/22/2015	Date of Injury:	03/11/2014
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) pain reportedly associated with an industrial injury of March 11, 2014. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and urine drug testing. The claims administrator invoked the misnumbered "page 474" of the MTUS Chronic Pain Medical Treatment Guidelines in its decision to deny physical therapy. The claims administrator also referenced a RFA form dated May 7, 2015 and an associated progress note dated April 30, 2015. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of mid and low back pain, unchanged, 8/10. Radiation of pain to left lower extremity was appreciated. Physical therapy and urine toxicology testing were endorsed. It was suggested (but not clearly stated) that the applicant was not working with limitations in place. The applicant's complete medication list was not attached or discussed on this particular progress note. In a March 18, 2015 RFA form, a gabapentin-pyridoxine amalgam, a flurbiprofen containing topical compounded cream, Norflex, and a flurbiprofen-omeprazole amalgam were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was off of work as of the date of the request, April 30, 2015, the treating provider suggested. 8/10 pain complaints were reported. The applicant remained dependent on a variety of oral and topical agents, including a gabapentin-pyridoxine amalgam, a flurbiprofen containing topical compound, and oral flurbiprofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional eight sessions of physical therapy was not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic),Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine toxicology screen (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug test and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. The applicant's complete medication list was not discussed or detailed on April 30, 2015. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.