

Case Number:	CM15-0115548		
Date Assigned:	06/23/2015	Date of Injury:	06/18/2014
Decision Date:	09/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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:

The injured worker is a 30 year old female, who sustained an industrial injury on 6/18/14. She reported pain in the right hand/wrist, lower back, and right leg. The injured worker was diagnosed as having lumbar spine sprain/strain with myofascitis rule out herniated nucleus pulposus, right wrist sprain/strain rule out carpal tunnel syndrome, anxiety, depression, insomnia, and nervousness. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of right wrist/hand pain and low back/right leg pain. The treating physician requested authorization for urine toxicology, patient education, physical therapy 3x4 for bilateral wrists, and functional improvement measurement with functional improvement measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT).

Decision rationale: This patient presents with low back, right leg and right wrist/hand pain. The current request is for Urine Toxicology. The RFA is dated 04/10/15. Treatment to date has included modified work, physical therapy and medications. The patient is not working. MTUS Guidelines, page 77, chronic pain medical treatment guidelines: under opioid management (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG Guidelines, Pain (Chronic) chapter, Urine drug testing (UDT) has the following criteria: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." According to progress report 03/13/15, the patient presents with low back pain with numbness and tingling in the bilateral lower extremities and pain in the right wrist/hand with numbness and tingling. The treater performed a Urine Toxicology screen "for prescribed medication management purposes as well as monitoring of the patient to ensure that there is no illicit drug use." The patient's medications regimen includes Omeprazole, Cyclobenzaprine and Ibuprofen. There is no documentation of opioid use for which UDS is generally indicated. Without documentation that this patient is currently taking narcotic medications requiring a compliance check, the medical necessity cannot be substantiated. Therefore, the request is not medically necessary.

Patient Education: 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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: This patient presents with low back, right leg and right wrist/hand pain. The current request is for Patient Education. The RFA is dated 04/10/15. Treatment to date has included modified work, physical therapy and medications. The patient is not working. MTUS Guidelines page 8 require that the treating physician provide monitoring and make appropriate recommendations. The 33 page medical file provided for my review includes no discussion regarding the requested "Patient Education." Providing general patient education should be part of a routine evaluation provided by the treating physician. Hence, the request is not medically necessary as a separate service.

PT Bilateral Wrist 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: This patient presents with low back, right leg and right wrist/hand pain. The current request is for PT Bilateral Wrist 3x4. The RFA is dated 04/10/15. Treatment to date has included modified work, physical therapy and medications. The patient is not working. The 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." According to progress report 03/13/15, the patient presents with low back pain with numbness and tingling in the bilateral lower extremities and pain in the right wrist/hand with numbness and tingling. The treater requested 12 PT sessions stating "Physical medicine is recommended per MTUS guidelines under 5308.21." According to report 09/03/14, the treater recommended additional 6 sessions of occupational therapy. Per report 02/09/15, "she has full motion at this pint so no need for occupational therapy." It appears the patient has participated in an undisclosed number of OT sessions for her wrist and hand complaints. The treater does not discuss why the patient would not be able to participate in a home exercise program. In addition, the requested additional 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

Functional Improvement Measurement with Functional Improvement Measures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pages 137-139.

Decision rationale: This patient presents with low back, right leg and right wrist/hand pain. The current request is for Functional Improvement Measurement with Functional Improvement Measures. The RFA is dated 04/10/15. Treatment to date has included modified work, physical therapy and medications. The patient is not working. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." According to progress report 03/13/15, the patient presents with low back pain with numbness and tingling in the bilateral lower

extremities and pain in the right wrist/hand with numbness and tingling. The treatment plan included Functional Improvement Measure. The treater notes that "in this case the physician is attempting to determine the functional ability of the patient and if he or she is able to return to work, or return to work with restrictions." In this case, it is not clear whether the treater is requesting a functional capacity evaluation or just a functional improvement measures. Either way, FCE is not supported by the guidelines unless requested by the adjuster, employer or the information is crucial. Functional improvement measures are something that is part of a routine office evaluation not requiring a separate billing. The request is not medically necessary.