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| <b>Case Number:</b>   | CM15-0175446 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 07/29/2014 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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, Pain Management, 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 injured worker is a 59-year-old female who sustained an industrial injury on July 29, 2014. Diagnoses have included status post cervical fusion C5-7 with hardware, cervical muscle spasms, cervical pain, cervical radiculopathy, lumbar disc protrusion, lumbar muscle spasms, lumbar radiculopathy, and lumbar sprain or strain. Documented treatment includes chiropractic treatments and medication including tramadol, Nabumetone, and cyclobenzaprine. She is currently working, but the injured worker continues to report headaches; neck pain which becomes worse with activity, and radiates into her jaw; low back pain; and, bilateral hip pain. The July 17, 2015 exam showed muscle spasm of the cervical paravertebral muscles with positive cervical compression; and, lumbar tenderness and spasm of the paravertebral muscles, with straight leg raise causing pain on the left. The treating physician's plan of care includes a request on July 30, 2015 for 6 physical therapy treatments for the cervical and lumbar spine, pain management, and a urine screen denied on August 5, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Treatment; Six (6) Sessions (2x3), Cervical Spine, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS 2009 states that up to 10 sessions of therapy are an option to treat myalgia. The patient appears to have already received PT consistent with MTUS 2009 recommendations. The patient's condition is considered to have reached MMI and a provision for future medical care has been provided. There is no indication that the patient has suffered an exacerbation above his/her baseline warranting additional PT. This request for additional PT is not medically necessary.

**Follow up for Pain Medication:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations; Official Disability Guidelines, Pain Chapter, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS 2009 states that consultation is an option to assist with treatment. The patient is prescribed medication by a provider already. Therefore, the care plan adheres to MTUS 2009. However, there is no explanation provided as to why an additional evaluation with an additional provider is medically necessary in this case. This request for an additional provider to manage medications is not medically necessary.

**Urine Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** MTUS 2009 states that urine drug screens are an option if there is a suspicion of illicit drug use. The request does not specify whether this is solely a screening immunoassay or GC/MS. It also does not specify the panel of drugs to be tested. Furthermore, there is no suspicion of illicit drug use described. Furthermore, the patient is not prescribed opioids for which an initial screen would be warranted. The request is not medically necessary.