

<b>Case Number:</b>	CM15-0066798		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 7/15/2010. Diagnoses include radiculopathy, muscle spasm, sprain/strain lumbosacral, lumbosacral spondylosis without myelopathy, and knee/lower leg degenerative joint disease/arthritis. Treatment to date has included medications, physical therapy, diagnostics, acupuncture, chiropractic, cognitive bio-behavioral therapy, thoracic and lumbar injections, functional capacity evaluation and modified work. Per the Primary Treating Physician's Progress Report dated 1/22/2014, the injured worker reported pain to the cervical spine with headaches, sharp pain to the lumbar spine, sharp pain to the right knee and tenderness to the right ankle Her pain overall is rated as 6/10. Physical examination revealed decreased strength and motion. The plan of care included diagnostics, bracing and physical therapy and authorization was requested for physical therapy for the lumbar spine and right ankle and a urine toxicology screen.

### 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 and right ankle, 3xWk x 4Wks, QTY: 12:** 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:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed multiple supervised sessions of physical therapy for both the lower back and the right ankle, for which there was insufficient evidence found in the notes to show clear functional gains as a result. A request for another 12 sessions of supervised physical therapy does not seem to be warranted considering there was no evidence to suggest the worker was unable to perform home exercises for his complaints instead of undergoing more passive supervised therapy. Therefore, the request for an additional 12 sessions of physical therapy to the lumbar spine and right ankle is not medically necessary.

**Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction; Opioids, criteria for use; Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is a history of inconsistent drug screening tests showing evidence of medications being used which were not prescribed as well as marijuana, as well as lack of presence of medications which had been prescribed. The request for a repeat urine drug screening is medically necessary. The previous reviewer suggested that a discussion about the previous drug screening results should take place prior to repeating another drug screening. However, in the opinion of the reviewer, although I agree with the need for a discussion to take place about the previous drug misuse, there is still a medical need for another drug screening regardless of this discussion taking place.

