MAXIMUS Federal Services

Case Number:	CM15-0070858		
Date Assigned:	04/22/2015	Date of Injury:	09/07/2013
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 9/7/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar Intervertebral Disc Displacement without Myelopathy. Treatments to date have included physical therapy, oral pain medication, muscle relaxant, and heat/ice application. Currently, the injured worker complains of lumbar spine discomfort. The plan of care was for physical therapy, urine toxicology screen and durable medical equipment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic low back pain. Norco is being prescribed on a long term basis. Urine drug testing was done in August 2014. When seen, the claimant was participating in physical therapy. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening three months after the previous testing was not medically necessary.

Physical therapy two times six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic low back pain. Norco is being prescribed on a long term basis. Urine drug testing was done in August 2014. When seen, the claimant was participating in physical therapy. In this case, the claimant was participating in therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the request was not medically necessary.

DME: IF unit and supplies 30-60 day rental and purchase for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic low back pain. Norco is being prescribed on a long term basis. Urine drug testing was done in August 2014. When seen, the claimant was participating in physical therapy. Criteria for the purchase and continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and, although the trial of interferential stimulation use can be considered as medically necessary, the purchase of a home interferential unit was not medically necessary.