

Case Number:	CM15-0071637		
Date Assigned:	04/21/2015	Date of Injury:	02/19/2008
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
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 56 year old female, who sustained an industrial injury on 2/19/2008. Diagnoses include herniated nucleus pulposus at L4-L5 and L5-S1 with moderate neural foraminal stenosis, right greater than left, herniated nucleus pulposus at L3-4 with facet arthropathy and hypertrophy, herniated nucleus pulposus at L5-S1 measuring 1mm with arthropathy and hypertrophy, cervical spine degenerative disease, facet arthropathy at L3-S1, bilateral carpal tunnel syndrome, chronic low back pain, chronic pain syndrome, disc herniation at L3-4 and L4-5 with stenosis, left lower extremity lumbar radiculopathy, L3-4 and L4-5 disc protrusions and annular tears, morbid obesity left L4-5 radiculopathy, insomnia secondary to pain and stress, and anxiety and depression secondary to complex partial seizure. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, epidural steroid injection, TENS unit, H wave therapy and home exercise. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported constant neck pain rated as 7/10 with radiation to the bilateral upper extremities. She also reported constant headache rated as 6/10 and constant low back pain rated as 7-8/10 with radiation to the left lower extremity. There was constant pain in the bilateral knees rated as 5/0 on the right and 4/10 on the left. She complained of abdominal pain. Physical examination of the lumbar spine revealed straight leg raise and Braggard's test were positive on the right. Motor strength test revealed weakness in the tibialis anterior and extensor hallucis longus on the right 4/5. Sensation was decreased in the L4 and L5 dermatomal distribution on the right. The plan of care included medications, physical therapy and diagnostic testing and authorization was requested for

Neurontin, Cymbalta, physical therapy to the bilateral wrists and knees (3x6), complete metabolic panel and urine drug analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eighteen (18) sessions (3x6), bilateral wrists and bilateral knees: 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 injury in February 2008 and continues to be treated for chronic radiating neck and radiating low back pain and headaches. Medications prescribed were Neurontin and Cymbalta. The claimant was participating in physical therapy three times per week. Physical examination findings included positive straight leg raising and decreased right lower extremity strength, sensation, and patellar reflex. In term of physical therapy, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. The requested therapy was not medically necessary.

Final confirmation of urine drug test results: 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, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant sustained a work injury in February 2008 and continues to be treated for chronic radiating neck and radiating low back pain and headaches. Medications prescribed were Neurontin and Cymbalta. The claimant was participating in physical therapy three times per week. Physical examination findings included positive straight leg raising and decreased right lower extremity strength, sensation, and patellar reflex. Criteria for the use of opioids address the role of urine drug screening. In this case, the claimant is not being prescribed an opioid medication. There are no identified issues of abuse or addiction or prior risk assessment. Therefore, urine drug screening was not medically necessary.

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestsonline.org/understanding/analytes/bmp/glance.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54.

Decision rationale: The claimant sustained a work injury in February 2008 and continues to be treated for chronic radiating neck and radiating low back pain and headaches. Medications prescribed were Neurontin and Cymbalta. The claimant was participating in physical therapy three times per week. Physical examination findings included positive straight leg raising and decreased right lower extremity strength, sensation, and patellar reflex. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed or need for lab testing. The request is not medically necessary.