MAXIMUS Federal Services

Case Number:	CM15-0072500		
Date Assigned:	04/22/2015	Date of Injury:	10/22/2006
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, low back, arm, and knee pain reportedly associated with an industrial injury of October 22, 2006. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve requests for a "home exercise program" and a urine drug screen. The claims administrator referenced a March 24, 2015 RFA form and associated January 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated March 24, 2015, urine drug screening and the home exercise program at issue were sought, seemingly without any associated progress notes or narrative commentary. In an associated progress note dated January 7, 2015, the applicant reported ongoing complaints of neck, low back, arm, knee, and shoulder pain. Permanent work restrictions were renewed. The applicant's gait was not described. The applicant stood 5 feet 8 inches tall and weighed 164 pounds, it was incidentally noted. The applicant was asked to continue home exercise, manipulative therapy, a home exercise program, and a TENS-EMS unit. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83; 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the proposed "home exercise program" was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 states that an attending provider should furnish a prescription for physical therapy, which "clearly states treatment goals." Here, it was not clearly stated what precisely the home exercise program at issue represented. It was not clearly stated whether the request represented an injunction for the applicant to continue performing home exercises of his own accord or whether the request represented formal physical therapy, a gym membership, and/or an instructive session. The ambiguous nature of the request makes it difficult to endorse the same, particularly in light of the fact that the January 7, 2015 progress note suggested that the applicant was already performing home exercises of his own accord. No clinical progress notes were attached to the March 24, 2015 RFA form so as to augment the request. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary Online Version last updated 03/23/15, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory testing and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation when performing testing, and attempt to

categorize the applicants into higher- or lower-risk categories for which more or less frequent testing might be indicated. Here, however, the attending provider made no attempt to categorize the applicant into higher-or lower-risk categories. It was not clearly stated when the applicant was last tested. The applicant's complete medication list was not attached to the request. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.