

Case Number:	CM15-0072524		
Date Assigned:	04/22/2015	Date of Injury:	06/13/2013
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 6/13/2013. He reported back pain after falling. Diagnoses have included spondylolisthesis/pars defect L5-S1 with broad-based disc protrusion and foraminal stenosis L5-S1 and status post anterior posterior spinal fusion lumbar spine. Treatment to date has included magnetic resonance imaging (MRI), lumbar epidural steroid injection, lumbar surgery, physical therapy and medication. According to the progress report dated 1/30/2015, the injured worker had focal tenderness in the L4-L5 right side along the facet as well as along the right superior iliac crest and the right sciatic notch. There was mild sacroiliac tenderness. There was positive FABER test on the left side. The injured worker was noted to have a marked aggravation of his pain. Authorization was requested for physical therapy and six panel drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 6 wks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks of the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are spondylolisthesis/pars defect L5 -S1 with broad based disk protrusion and pyramidal stenosis L5 - S1; and anterior posterior spinal fusion L5 -S1 decompression on March 4, 2014. The injured worker is status post L5 -S1 fusion March 4, 2014. The injured worker completed both sessions of physical therapy. There was no documentation in the medical record indicating objective functional improvement in pain reduction. There were no physical therapy progress notes in the medical record. There was no documentation of an ongoing/concurrent home exercise program. The guidelines recommend postsurgical treatment for fusion 34 visits over 16 weeks. The procedure was performed March 4, 2014. There was no clinical documentation of objective functional improvement with the first 12 physical therapy sessions. There were no progress notes in the medical record with regards the first 12 physical therapy sessions. Additional physical therapy is contingent on whether the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy) after the initial trial. There was no documentation of objective functional improvement and, as a result, additional physical therapy is not clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement prior physical therapy and/or progress notes demonstrating objective improvement, physical therapy two times per week times six weeks of the lumbar spine is not medically necessary.

6 Panel drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six-panel drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and

on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are spondylolisthesis/pars defect L5- S1 with broad based disk protrusion and pyramidal stenosis L5 -S1; and anterior posterior spinal fusion L5- S1 decompression on March 4, 2014. There was no risk assessment in a medical record indicating whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. There was no aberrant drug-related behavior in the medical record. There was no drug misuse or abuse in the medical record. According to the utilization review, a urine drug screen was performed in November 2014 consistent for all medications. There is no clinical rationale for repeating a urine drug toxicology screen documented in medical record within one year. Consequently, absent compelling clinical documentation with aberrant drug-related behavior, drug misuse or abuse and a risk profile indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse, six-panel drug testing is not medically necessary.