

<b>Case Number:</b>	CM15-0093549		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female, who sustained an industrial injury on 2/14/2011. She reported a fall with immediate head to low back pain with radiation into the arms and developed low back and leg pain. Diagnoses include lumbar disc herniation with evidence of lumbar instability, cervical sprain/strain, and cervical disc herniation with myeloradiculopathy status post cervical fusion in 2013. She is status post lumbar fusion with instrumentation on 2/17/15. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she reported some low back pain and some abdominal pain but was improving. She complained of stomach upset and had requested something for the stomach. She also complained of neck pain. She started weaning Norco with complaints of adverse effects from the medication. On 4/9/15, the physical examination documented mild lumbar tenderness with spasms and a well healed scar. The cervical spine range of motion was decreased. The plan of care included physical therapy twice a week for six weeks and a full panel drug 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 2 times per week for 6 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment 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 Chapter, Physical Therapy.

**Decision rationale:** The patient presents on 04/09/15 with unrated lower back pain, mild GI upset, and unrated neck pain, which radiates into the right shoulder. The patient's date of injury is 02/14/11. Patient is status post anterior lumbar decompression and instrumented fusion L5-S1 with allograft, cage, and plate on 02/17/15. The request is for Physical Therapy to the Lumbar Spine 2 times Per week for 6 weeks. The RFA is dated 04/14/15. Physical examination dated 04/09/15 reveals mild tenderness to palpation of the lumbar spine with spasms noted, a well healed incision (location unspecified), and decreased cervical range of motion. All other physical findings are within normal limits. The patient is currently prescribed Norco, Prilosec, and Naproxen. Diagnostic imaging included MRI of the lumbar spine dated 11/13/13, significant findings include: "L4-L5 there is mild lateral recess narrowing bilaterally associated with hypertrophic facet arthropathy and disc bulging contacting the thecal sac in the region of the traversing L5 nerve rootlets, left greater than right L5-S1 level there is chronic appearing advanced disc degeneration and hypertrophic facet arthropathy contributing to mild central canal and lateral recess stenosis contacting the thecal sac in the region of the traversing S1 nerve rootlets." Post operative X-rays of the lumbar spine, dated 03/18/15 show: "Anterior fusion has been performed and L5-S1 with interspace prosthesis in good position and increased interspace height since the preoperative study Normal postoperative alignment." Patient is currently classified as temporarily totally disabled. MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". ODG Low Back Chapter, under Physical Therapy has the following guidelines regarding the appropriate number of post-surgical physical therapy sessions: "Physical Therapy Guidelines: Post-surgical treatment (fusion): 34 visits over 16 weeks." In regard to the 12 additional post-operative physical therapy sessions for the lumbar spine, the request is appropriate. Per correspondence dated 04/21/15, this patient has completed 6 of the 12 authorized post-operative lumbar physical therapy sessions; this appears to be a prospective request for when these already-authorized sessions are completed. The RFA is dated 04/14/15 (8 weeks post op), the stated duration (6 weeks) falls within the post-operative time-frame of 16 weeks. ODG allows for up to 34 sessions of physical therapy following lumbar fusion surgery, the 12 requested, in addition to the 12 already authorized falls within these guidelines and the stated duration (6 week duration at time of request + 8 weeks since surgery at time of request) also meets guideline criteria. Therefore, the request is medically necessary.

**Retrospective QW full panel drug screen (with date of service of 4/9/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

**Decision rationale:** The patient presents on 04/09/15 with unrated lower back pain, mild GI upset, and unrated neck pain, which radiates into the right shoulder. The patient's date of injury is 02/14/11. Patient is status post anterior lumbar decompression and instrumented fusion L5-S1 with allograft, cage, and plate on 02/17/15. The request is for Retrospective-QW Full Panel Drug Screen (DOS 04/09/15). The RFA is dated 04/14/15. Physical examination dated 04/09/15 reveals mild tenderness to palpation of the lumbar spine with spasms noted, a well healed incision (location unspecified), and decreased cervical range of motion. All other physical findings are within normal limits. The patient is currently prescribed Norco, Prilosec, and Naproxen. Diagnostic imaging included MRI of the lumbar spine dated 11/13/13, significant findings include: "L4-L5 there is mild lateral recess narrowing bilaterally associated with hypertrophic facet arthropathy and disc bulging contacting the thecal sac in the region of the traversing L5 nerve rootlets, left greater than right L5-S1 level there is chronic appearing advanced disc degeneration and hypertrophic facet arthropathy contributing to mild central canal and lateral recess stenosis contacting the thecal sac in the region of the traversing S1 nerve rootlets." Post operative X-rays of the lumbar spine, dated 03/18/15 show: "Anterior fusion has been performed and L5-S1 with interspace prosthesis in good position and increased interspace height since the preoperative study Normal postoperative alignment." Patient is currently classified as temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "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, the provider is requesting a UDS to ensure that this patient is compliant with her narcotic medications. The documentation provided indicates that this patient had a urine drug screens conducted on 08/01/14, 10/13/14, and 01/15/15 with no documented inconsistencies. There is no indication of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." More frequent screening is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request is not medically necessary.