

<b>Case Number:</b>	CM15-0095088		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female patient who sustained an industrial injury on September 27, 2011. The diagnoses include low back pain, right sciatica, disc protrusions, and cervical spondylosis. She sustained the injury due to slipped and fall incident. Per the doctor's note dated 5/5/2015, she had complaints of cervical pain with radiation to both arms with numbness and weakness; low back pain and headache. The physical examination revealed left shoulder range of motion-decreased flexion with pain, decreased extension with pain, decreased adduction with pain, decreased abduction with pain; Right shoulder range of motion, decreased flexion with pain, decreased extension with pain, decreased adduction with pain, decreased abduction with pain, and decreased internal rotation with pain; tenderness at the AC joint-moderate bilateral and anterior subacromial region moderate bilateral; cervical spine, pain to palpation of the cervical spine; lumbar spine, pain to palpation of the lumbar and sacral spine. The medications list includes xanax, topamax, wellbutrin, norco, naprosyn, lyrica, inderal and cymbalta. She has undergone cholecystectomy, hysterectomy and discectomy at C6. She has had multiple diagnostic studies including thoracic MRI and cervical MRI. She has had physical therapy for this injury. She has had urine drug screen on 4/6/2015, which was consistent with hydrocodone and xanax. The treatment request included a urine drug screen and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT).

**Decision rationale:** Urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the current medications list includes xanax, topamax, wellbutrin, norco, naprosyn, lyrica, inderal and cymbalta. She has had urine drug screen on 4/6/2015, which was consistent with hydrocodone and xanax. Per the cited guidelines, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." History of aberrant drug behavior is not specified in the records provided. The rationale for a repeat urine drug screen (within a short span of time), is not specified in the records provided. The medical necessity of urine drug screen is not established for this patient at this juncture.

**Physical therapy x 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Physical therapy x 12 visits. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy x 12 visits is not established for this patient at this time.