

## Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0009516	<b>Date of Injury:</b>	11/27/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/09/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PHYSICAL THERAPY 2X4 TO CERVICAL/ THORATIC/ R L/E, TRIGGER POINT INJECTIONS TO R ANCKLE, URINE TOXICOLOGY TEST/ MEDICALLY NON-CERTIFIED BY THE PA			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

The underlying date of injury in this case is 11/27/2012. The mechanism of injury is the patient tripped and fell coming down stairs. Treating diagnoses include head pain, status post blood head trauma with loss of consciousness and bilateral upper extremity weakness, post concussion syndrome, dizziness/vertigo, cervical strain, possible cervical discogenic disease, thoracic sprain, lumbosacral sprain, possible lumbosacral discogenic disease, asymptomatic bilateral knee sprains, status post right lower leg contusion which is healed, and asymptomatic bilateral ankle sprain which is asymptomatic on the left.

An initial physician review indicated the medical records did not provide a rationale for additional supervised therapy as opposed to independent home rehabilitation. That review also noted the physical examination did not document a trigger point for which trigger point injections would be indicated. The initial physician review also noted there was not documentation of risk of aberrant drug behavior or use of illicit drugs, and therefore urine toxicology testing was noncertified.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Two (2) physical therapy times four (4) to the cervical spine, thoracic spine, and right lower extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines for Physical Medicine, which is part of the MTUS. The Claims Administrator

also cited the Official Disability Guidelines (ODG) for Neck and Upper Back regarding Physical Therapy, for Low Back regarding Physical Therapy, and the ODG Physical Therapy Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical medicine, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The medical records provided for review do not indicate an alternate rationale as to why the employee had not transitioned to an independent home rehabilitation. **The request for two (2) physical therapy times four (4) to the cervical spine, thoracic spine, and right lower extremity is not medically necessary and appropriate.**

## **2. Trigger point injection to the right ankle is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Trigger point injections, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate detailed criteria for the use of trigger point injections including "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The medical records provided for review indicate that the employee does not meet these criteria. The medical records do not provide an alternate rationale for this request. **The request for trigger point injection to the right ankle is not medically necessary and appropriate.**

## **3. Urine toxicology test is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, steps to avoid misuse/addiction, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that drug testing is "Recommended as an option, using the urine drug screen to assess for the use or presence of illegal drugs." The medical records provided for review do not indicate the risk factors for which drug testing has been requested in this case. Overall drug testing requires physician

discretion and discussion of an indication, which is not documented at this time. **The request for urine toxicology test is not medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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