MAXIMUS Federal Services

Case Number:	CM13-0043092		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2003
Decision Date:	03/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Rheabilitation, and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who reported an injury on 06/23/2003 after a heavy object fell on the patient's leg. The patient reportedly injured in his left leg. After extensive conservative treatment and surgical intervention the patient developed complex regional pain syndrome. The patient's pain was managed with medications, physiotherapy and psychological support. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed discoloration of the right foot with associated temperature changes. The patient's diagnosis included complex regional pain syndrome. The patient's treatment plan included a random urine drug screen and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 4 urine drug screens administered one each quarter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009) an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, section on Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Screens

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is regularly monitored with urine drug screens. The MTUS Chronic Pain Guidelines do recommend the use of urine drug screens to monitor patients who are taking controlled substances for any aberrant behavior. Official Disability Guidelines recommend yearly testing for patients who are low risk for aberrant behavior. The clinical documentation submitted for review does not provide any evidence to indicate that the patient is at moderate to high risk for aberrant behavior and would require more frequent monitoring. As such, the requested four (4) urine drug screens administered one each quarter are not medically necessary or appropriate.

A series of 12 sessions of aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, May 2009. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Knee and Leg Chapter, Preface on Physical Medicine.

Decision rationale: The clinical documentation submitted for review does not provide evidence that the patient has previously undergone this type of therapy. The MTUS Chronic Pain Guidelines recommend aquatic therapy for patients who require a non weight-bearing environment to participate in active therapy. The clinical documentation does reflect that the patient has complex regional pain syndrome in his lower extremity that would benefit from a non weight-bearing environment. However, Official Disability Guidelines recommend a trial of 6 sessions to establish the efficacy of any treatment modality for physical medicine. The clinical documentation submitted for review does not provide any exceptional factors that would support the need to extend treatment beyond guideline recommendations. As the requested 12 sessions is an excess of the recommendation, it would not be indicated. As such, the request for 12 sessions of aqua therapy is not medically necessary and appropriate.