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| Case Number: | CM13-0071874 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 02/05/2009 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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/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 injured worker is a 47-year-old male who reported an injury on 02/05/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included surgical intervention, physical therapy, and multiple medications. The injured worker was evaluated on 10/28/2013. It was documented that the injured worker had low back complaints with radiating pain into the bilateral L3-4 dermatomal distributions at the lower extremities. The injured worker's pain was rated 5/10 to 6/10. Physical findings included grade 2 tenderness to palpation of the paraspinal musculature of the thoracic spine, and grade 3 tenderness to palpation of the paraspinal musculature of the lumbar spine. The injured worker's diagnoses included bilateral temporomandibular joint syndrome, thoracic myofascial pain syndrome, lumbosacral myoligamentous sprain/strain, lumbosacral disc herniation with radiculopathy, and sexual dysfunction. The injured worker's treatment plan included aquatic therapy for the lumbar spine, prescription of Norco 5/325 mg and Lunesta 3 mg, electrodiagnostic studies of the upper and lower extremities, and a urine toxicology screening for medication monitoring. The clinical documentation did include a urine drug screen in 01/2013 that was consistent with the injured worker's prescribed medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PT (2) TIMES A WEEK FOR (6) WEEKS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page(s) 22 Page(s): 22.

Decision rationale: The requested aquatic physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured worker's who require a nonweightbearing environment while participating in active therapy. The clinical documentation does not provide any indication that the injured worker is not able to participate in land based physical therapy and would require a nonweightbearing environment. Therefore, aquatic therapy would not be indicated for this patient. As such, the requested aquatic physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary or appropriate.

URINE TOXICOLOGY.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43 Page(s): 43.

Decision rationale: The requested urine toxicology is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend urine drug screens for injured worker's who are on chronic opioid therapy. The clinical documentation does indicate that the injured worker was prescribed opioids to assist with managing chronic pain. However, the clinical documentation failed to identify a risk assessment to establish the injured worker's level of risk for aberrant behavior. The clinical documentation does include a previous urine drug screen that was consistent with the injured worker's prescribed medication schedule. The clinical documentation did not provide any evidence of over or under use or other aberrant behaviors. Therefore, the need for a urine toxicology screening is not clearly indicated. As such, the requested urine toxicology is not medically necessary or appropriate.