

<b>Case Number:</b>	CM14-0004225		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 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 49-year-old female who reported an injury on 09/27/2004. The mechanism of injury was not provided. On 12/11/2013, the injured worker presented with pain in the upper back, middle back, lower back, gluteal area, neck, and left shoulder. The pain reportedly radiated to the left arm and the foot. Prior therapy included ice, heat, massage, over-the-counter medication, pain prescription medication, physical therapy, and rest. Upon examination of the lumbar spine, the injured worker had full weightbearing with no assistive device and a nonantalgic gait. The lower extremity muscle tone was normal. There was a positive Patrick's test to the left. The range of motion values for the lumbar spine were 25 degrees of bilateral flexion, 60 degrees of bilateral rotation, 10 degrees of right extension, and 15 degrees of right flexion. The diagnoses were chronic pain due to trauma, depression, anxiety, low back pain, myalgia and myositis unspecified, and muscle spasms. The provider recommended 10 additional sessions of aquatic therapy, urine drug screen, TSH, EIA-9, and chem. 19. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 ADDITIONAL SESSIONS OF AQUATIC/POOL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY Page(s): 22.

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

**Decision rationale:** The request for 10 additional sessions of aquatic pool therapy is not medically necessary. The California MTUS recommend aquatic therapy as an optional form of exercise. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Guidelines recommend 10 visits of aquatic therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker was recommended for reduced weight bearing exercises. Additionally, the number of aquatic therapy visits that the injured worker has already completed, as well as efficacy of the prior therapy was not provided. The provider's request does not indicate the frequency of the requested session in the request as submitted. As such, the request is not medically necessary.

**UA COMPLETE URINE TOXICOLOGY SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

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

**Decision rationale:** The request for UA complete urine toxicology screen is not medically necessary. California MTUS Guidelines recommend urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. The last urine drug screen was performed on 11/11/2013. The provider's rationale for an additional urine drug screen was not provided. As such, the request is not medically necessary.

**TSH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 Page(s): 70.

**Decision rationale:** The request for TSH is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeat lab testing for this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The provider's request exceeds the recommended 4 to 8 weeks' time period the guidelines recommend after

starting therapy. It was unclear when the last laboratory monitoring was last performed. As such, the request is not medically necessary.

**EIA 9: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 Page(s): 70.

**Decision rationale:** The request for EIA 9 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeat lab testing for this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The provider's request exceeds the recommended 4 to 8 weeks' time period the guidelines recommend after starting therapy. It was unclear when the last laboratory monitoring was last performed. As such, the request is not medically necessary.

**CHEM 19: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 Page(s): 70.

**Decision rationale:** The request for chem. 19 is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeat lab testing for this treatment duration has not been established. Routine blood pressuring monitoring is however, recommended. The provider's request exceeds the recommended 4 to 8 weeks' time period the guidelines recommend after starting therapy. It was unclear when the last laboratory monitoring was last performed. As such, the request is not medically necessary.