

<b>Case Number:</b>	CM14-0102637		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/25/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, has a subspecialty in Interventional Spine 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:

This case involves a 42 year old with an injury date of 12/25/10. Per the report dated 05/29/2014, the injured worker complains of soreness and "stretching" type of pain in his low lumbar and right foot pain that is stabbing like a knife. Per the report dated 04/28/2014, the injured worker does have continued overall stiffness with cramping in right calf and numbness in ball of his right foot. Based on the 5/29/14 progress report, the diagnoses include back pain secondary to lumbar laminectomy/fusion dated 9/3/13; right S1 radiculopathy; and long term use of prescribed medications. The examination dated 5/29/14, revealed lumbar spine flexes to mid-thigh secondary to pain with extension of 10 degrees. There was noted tenderness to palpation right > left. The treating physician is requesting additional aquatic therapy 2x3 weeks and urine medication test. The utilization review determination being challenged is dated 6/5/14 which modified the aquatic therapy to 4 aquatic sessions, then 2 land-based sessions, and rejected the urine drug screen due to lack of documentation regarding prior urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aquatic Therapy 2x3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine [www.odg-twc.com/odgtwc/pain](http://www.odg-twc.com/odgtwc/pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy, pg. 22: Page(s): 22, 98, 99.

**Decision rationale:** This injured worker presents with lower back pain, right foot pain and is status post lumbar laminectomy and fusion from 9/3/13. The treating physician has asked for additional aquatic therapy 2x3 weeks on 5/29/14 for low back range of motion and stretching in the pool. In addition, the physician added the injured worker would be transition to normal land physical therapy. The 4/28/14 report states, the injured worker has completed 3/8 pool therapy sessions with overall improvement in radiating pain down right leg. Regarding aquatic therapy, the MTUS states aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the injured worker is more than 8 months post lumbar surgery and has remaining functional deficits. Considering injured worker has recently appeared to have taken a course of 8 aquatic therapy sessions, however, the requested 6 additional sessions of aquatic therapy exceeds the MTUS guidelines. As such, the request is not medically necessary.

**Urine Medication Test:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse, pg 94-95: Page(s): 94-95.

**Decision rationale:** This injured worker presents with lower back pain, right foot pain and is status post lumbar laminectomy and fusion from 9/3/13. The treating physician has asked for urine medication test on 5/29/14 as the injured worker is currently taking Norco. Review of the records do not show when the last urine drug screen was administered for this injured worker, but a notice of modified authorization dated 8/15/13 approved a urine drug screen. Regarding urine drug screens, the MTUS guidelines recommends testing for illegal drugs to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when injured worker appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treating physician has asked for drug screen to monitor current opiate usage, which is in line with MTUS guidelines. Therefore, this request is medically necessary.