MAXIMUS Federal Services

Case Number:	CM14-0027039		
Date Assigned:	06/13/2014	Date of Injury:	01/11/2001
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female with a reported date of injury of 01/11/2001. The injured worker presented with lumbar pain. The injured worker's urine drug screen dated 12/12/2013 was consistent with medications prescribed. The lumbar MRI dated 02/13/2014 revealed mild degenerative disc disease at L5-S1. The clinical note dated 04/14/2014, the injured worker indicated that she has a gym membership, to include a pool. Previous physical therapy was not provided within the documentation available for review. The injured worker's diagnoses included lumbar degenerative disc disease with radiculopathy, sacroiliitis, myofascial spasm, urine and bowel changes secondary to pain, and status post right hand trigger finger surgery. The injured worker's medication regimen included Norco, Robaxin and Motrin. The Request for Authorization for urine drug screen done at office visit 01/13/2014, trial of aqua therapy for core strengthening quantity 12, and bilateral L4-5 lumbar epidural steroid injection was submitted on 02/12/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN - DONE AT OFFICE VISIT 1/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be utilized. The urine drug screen dated 12/12/2013 was consistent with the medications prescribed. The only inconsistentcy was that the Norco came up negative. There was a lack of documentation to the concern of abuse, addiction, or poor pain control. In addition, the drug screen did not show red flags of illicit drug use. Therefore, the request for urine drug screen done at office visit 01/13/2014 is not medically necessary.

TRIAL OF AQUA THERAPY FOR CORE STRENGTHENING, QTY 12: 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.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desireable. According to the clinical information provided for review, the injured worker participates in gym membership that includes a pool and indicates the use of bicycling and walking. According to the documentation the injured worker requests aquatic physical therapy so that she can learn the exercises to continue on her own afterwards. There was a lack of documentation related to the injured worker's need to minimize the effects of gravity. In addition, there was a lack of documentation related to the injured worker's functional deficits. The clinical information provided lacks documentation of previous physical therapy and the therapeutic outcomes. In addition, the guidelines recommend 8 to 10 visits over a 4 week period. The request for 12 visits of aquatic therapy exceeds the recommended guidelines. Therefore, the trial of aquatherapy for core strengthening quantity 12 is not medically necessary.

BILATERAL L4-L5 LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for the use of epidural steroid injections would include radiculopathy would be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the injured worker would be unresponsive to conservative treatment (exercises, physical therapy, NSAIDs,

and muscle relaxants). The guidelines state that injections should be performed under fluorscopy for guidance. The documentation provided for review lacks documentation of radiculopathy corroborated by imaging studies or electrodiagnostic testing. The injured worker is participating in exercises and responsive to pain medications. In addition, the request as submitted failed to request fluoroscopy for guidance while performing the injection. Therefore, the request for bilateral L4-5, lumbar epidural steroid injection is not medically necessary.