

Case Number:	CM14-0038439		
Date Assigned:	06/27/2014	Date of Injury:	03/11/1990
Decision Date:	08/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Nevada. 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 64 year-old female who was reportedly injured on 3/11/1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 9/9/2014, indicates that there are ongoing complaints of low back pain and left lower leg pain. The physical examination demonstrated: left-sided antalgic gait, lumbar spine: toe and heel walk is abnormal, tenderness to palpation along this paraspinal musculature of the lumbar spine. Midline tenderness is noted and lumbar spine. Positive muscle spasm. Limited range of motion with pain. Spasm of the lumbar musculature with range of motion. Decreased sensation is noted at L3-L4, L4-L5 and L5-S1 nerve distribution. Decreased muscle strength 4/5 of the quadriceps and plantar flexor and toe extensor. Reflexes bilaterally lower extremities. Sacroiliac tenderness is noted on compression. Sciatic nerve compression test is positive. Positive straight leg test at 50-60. No recent diagnostic studies are available for review. Previous treatment includes: previous surgery injections, medications, physical therapy, and conservative treatment. A request had been made for aquatic therapy with physical therapy for the lumbar spine 2 times a week for 6 weeks #12 sessions, Pro Stim 5.0 unit, and urinalysis, and was not certified in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy mixed with physical therapy; twelve (12) sessions (2 X 6), lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical documentation provided I was unable to determine any red flags or indicators that would necessitate the use of aquatic therapy versus a land-based physical therapy program. Therefore the request for aquatic therapy is deemed not medically necessary.

New Pro-stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.

Retrospective urinalysis DOS: 12/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: Treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting the injured workers' multiple medications with abuse potential, there is a clear clinical indication for the use of urine drug screening for the management of this individual's chronic pain. After review of the medical records provided it is noted the injured worker had a urine drug screen one month prior which was negative for

medications other than the medications currently's prescribed. Therefore, this request is deemed not medically necessary.