

Case Number:	CM14-0076951		
Date Assigned:	07/18/2014	Date of Injury:	04/20/2011
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 33-year-old male who reported an injury on 04/20/2011 due to a slip and fall at work. He was diagnosed with a lumbar disc herniation at L4-5 and L5-S1, lumbar radiculopathy, lumbar lateral recess stenosis at L4-5 and L5-S1, lumbar facet hypertrophy and L4-5 and L5-S1, cervical disc herniation at C5-6 and C6-7, cervical facet joints syndrome, cervical radiculopathy, annular tear at L4-5, and lumbar epidural scar tissue. Prior treatments included physical therapy, chiropractic therapy, LINT therapy, two epidural steroid injections in 2012, a therapeutic percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots for analgesia bilaterally at L4, L5, and S1 joints, and bilateral medial branch blocks to the lumbar facet joints at that L4-5 and L4-S1 levels on 03/03/2014. Diagnostic studies included x-rays of the neck and lower back on 04/21/2011 and in 12/2011, MRI's of the neck and lower back on 07/16/2011 and 09/2012, and an EMG/NCV on 05/11/2012. On 03/11/2014 the injured worker had complaints of pain described as constant, moderate, dull, achy, sharp low back pain and stiffness, aggravated by standing, walking, bending and squatting. He rated his pain at 7/10. The physician noted irritability, anxiety, and depression. There were trigger points at the paraspinals of the lumbar spine and ranges of motion were decreased and painful. Lumbar extension was 10/25, flexion was 15/60, left lateral bending was 15/25, and right lateral bending was 15/25. There was +3 tenderness to palpation of the lumbar paravertebral muscles. There were muscle spasms to the lumbar paravertebral muscles. Straight Leg Raise was positive on the right and Kemp's was positive bilaterally. The clinical note dated 04/15/2014 states the injured worker reported complaints of constant moderate dull, achy, sharp low back pain and stiffness to the lumbar spine aggravated by standing, walking, bending, and squatting. The injured worker reported pain severity of 8/10. The injured worker stated chiropractic treatment and LINT treatments increased his symptoms. Lumbar range of motion was decreased and painful. There

was +3 tenderness to palpation of the lumbar paravertebral muscles. There were muscle spasms to the lumbar paravertebral muscles. The injured worker has been prescribed Tramadol, Omeprazole, Gabapentin, and Cyclobenzaprine. The physician's treatment plan was to continue with medications, discontinue chiropractic treatment and LINT treatments due to complaints of increased symptoms, and start aquatic therapy to increase range of motion and activities of daily living and also decreased pain. The physician was requesting 12 sessions of aqua therapy for the lumbar spine and a retrospective review of urine toxicology screens dated 04/02/2014. The physician was requesting the aqua therapy to increase range of motion and activities of daily living as well as to decrease pain. The urine toxicology screen was requested to assess compliance with prescribed medications and incidents of ingesting illicit drugs. The Request for Authorization form for the aqua therapy and drug urine screens were dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 12 (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, pages 22 and 99 Page(s): 22 AND 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise if therapy were available as an alternate to land based physical therapy. It is specifically recommended for reduced weight bearing as desirable as in the case of extreme obesity. The guidelines recommend allowing for fading of treatment frequency from up to three visits per week to one or less along with active self-directed home physical medicine. The guidelines recommend 8-10 visits over 4 weeks. On 03/11/2014 the physician noted lumbar spine deficits that included trigger points at paraspinals and decreased, painful ranges of motion. Lumbar extension was 10/25, flexion was 15/60, left lateral bending was 15/25, and right lateral bending was 15/25. There was +3 tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Straight Leg Raise was positive on the right and Kemp's was positive bilaterally. The injured worker has not been diagnosed with extreme obesity. There is a lack of documentation indicating why the injured worker would require reduced weight bearing. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker's objective functional condition in order to demonstrate deficits for which therapy would be indicated. As such, the request for Aquatic Therapy x12 is not medically necessary and appropriate.

Retrospective review of Urine Toxicology Screen (DOS 4/2/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure Summary, Urine Drug Testing.

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

Decision rationale: The California MTUS Guidelines for drug urine screening recommends this tool as a means to determine if the injured worker is utilizing medications properly and/or if there is concern of the aberrant use of illicit drugs. During office visits, the injured worker did not present with signs or symptoms of aberrant drug behaviors. There is a lack of documentation indicating when the injured worker last underwent urine drug screening, prior to the requested urine drug screen. Given the lack of information indicating when urine drug screening was last performed, the medical necessity for the requested urine drug screen on 04/02/2014 cannot be determined. As such, the request is not medically necessary and appropriate.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure Summary, Urine Drug Testing.

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

Decision rationale: The California MTUS Guidelines for drug urine screening recommends this tool as a means to determine if the injured worker is utilizing medications properly and/or if there is concern of the aberrant use of illicit drugs. The injured worker's history does not present him as a high risk for medications misuse as physician notes do not report aberrant or erratic behaviors. There was no documentation of results from a requested urine drug screen from 04/02/2014. Given that the results of the prior urine drug screen were not provided, the medical necessity of the requested urine drug screen cannot be determined. As such, the request is not medically necessary and appropriate.