

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0138465 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 02/03/2011 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old who has filed a claim for chronic neck, low back, and bilateral shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of February 3, 2011. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for 12 sessions of aquatic therapy and a random urine drug screen. The claims administrator referenced a progress note of June 30, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 3, 2015, Norco, Prilosec, Colace, 12 sessions of aquatic therapy and a random urine drug screen were sought. In an associated handwritten progress note of June 3, 2015, the applicant presented with a primary complaint of chronic low back pain. The note was quite difficult to follow, handwritten, and not altogether legible. The applicant's gait was not clearly described or characterized. The applicant was working regular duty, it was suggested. 12 sessions of aquatic therapy, Norco, Prilosec, Colace, and the drug testing in question were sought. It was not stated when the applicant was last had drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 lumbar spine: 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.

Decision rationale: No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that aquatic therapy is recommended as an optional form in the exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was, in fact, desirable. The applicant's ambulatory status and gait were not clearly described or characterized in the handwritten June 30, 2015 progress note. The fact that the applicant was working, however, strongly suggested that the applicant was ambulatory and that reduced weight bearing was not necessarily desirable or indicated here. Therefore, the request was not medically necessary.

Random urine sample: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing opioids Page(s): 43, 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a random urine sample (AKA random urine drug testing) was likewise not medically, necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. No, however, the attending provider did not state when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practice of the United States Department of Transportation. It was not stated when the applicant was last tested. It was not stated whether the applicant was using medications from other prescribers. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would have indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

