MAXIMUS Federal Services

Case Number:	CM15-0145582		
Date Assigned:	08/06/2015	Date of Injury:	01/03/2000
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 3, 2000. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for a urine drug screen and 12-month gym membership. The claims administrator referenced a July 8, 2015 progress note in its determination. On said July 8, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery, 8/10. The applicant acknowledged sitting, standing, walking, and sleeping remained problematic. The applicant was using Norco and Soma for pain relief, it was reported. The attending provider posited that ongoing medication was reducing the applicant's pain complaints and ameliorating the applicant's ability to perform some activities of daily living. This was not quantified, however. The applicant was on Norco, Ambien, and reportedly in the process of weaning himself off of Soma, it was reported. The applicant was severely obese, weighing 375 pounds, it was reported. A surgical incision line was appreciated. Norco, Ambien, drug testing, and a gym membership were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

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: No, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, the MTUS does not establish specific parameters 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 when an applicant was last tested, and attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the attending provider's July 8, 2015 progress note did not clearly state which drug tests and/or drug panels were being tested for. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signal his intention to conform to the best practice of United States Department of Transportation when performing said drug testing. The attending provider did not identify whether the applicant was using medications from other prescribers, nor did the attending provider clearly state when precisely the applicant had last been tested. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing were not, the request was not indicated. Therefore, the request was not medically necessary.

12 month Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: Similarly, the request for a 12-month gym membership was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes, that, to achieve functional recovery, the applicants must assume certain responsibilities, one of which included adhering to and maintaining exercise regimens. The gym membership at issue, thus, per both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines, represents an article of applicant responsibility as opposed to an article of payor responsibility. ODG's Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended in the medical prescription unless the documented home exercise has proven ineffective and there is a need for specialized equipment. Here, however, the attending provider did not outline a clear or

compelling need for specialized equipment. The attending provider's July 10, 2015 progress note did not state that the applicant had failed a home exercise program in the past. Rather, the attending provider stated that he was ordering a gym membership for the purpose of facilitating indoor pool access for the applicant. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was never explicitly stated (or implicitly suggested) on July 8, 2015 that reduced weight bearing was in fact desirable. The applicant's gait and ambulatory status was not clearly articulated on that date. There was no mention of the applicant's using a cane, crutch, walker, or other assistive device. It did not appear, in short, that furnishing the applicant with a gym membership for the purposes for pool access was indicated here. Therefore, the request was not medically necessary.