

<b>Case Number:</b>	CM15-0161707		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old individual who sustained an industrial injury on 1-7-09. The mechanism of injury was unclear. The injured worker currently complains of persistent pain in the neck and lower back with a pain level of 7 out of 10. Examination of the cervical spine revealed decreased range of motion, tenderness to paraspinals bilaterally, decreased strength and positive cervical compression; the lumbar spine revealed decreased range of motion, tenderness to palpation, positive straight leg raise on the left. A cane was used for ambulation. Medications were tramadol, amitriptyline, and cyclobenzaprine. Medication brings pain level down to 4 out of 10 and allows the performance of basic activities of daily living. Per the 6-23-15 note a urine toxicology screen was done 4-28-15 and was consistent with prescribed medications. In addition it was noted that there were no signs of abuse, overuse or adverse reactions. Diagnoses include status post posterolateral fusion and arthrodesis from L3-S1, tranforaminal lumbar interbody fusion with cage placement at L4-5, decompressive laminectomy of L4-5 and S1 (12-19-11); status post cervical fusion, rule out recurrent disc herniation; clinical cervical radiculopathy, bilaterally. Treatments to date include medications; back brace; assistive device for ambulation; aquatic therapy with benefit; lumbar epidural steroid injection (6-11-11). Diagnostics include MRI of the lumbar spine (10-26-10) showing disc protrusion, mild disc desiccation. In the progress note dated 6-23-15 the treating provider's plan of care includes requests for additional aquatic therapy twice per week for six weeks for the lumbar and cervical spines as it increases her function and strength and allows her to ambulate for longer periods of time; urine toxicology screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

**Decision rationale:** The claimant sustained a work-related injury in January 2009 and is being treated for chronic neck and low back pain. She underwent a multilevel lumbar fusion to the sacrum in December 2011 and an anterior cervical decompression and fusion in July 2012. When seen, there was a slow and antalgic gait. There was decreased upper extremity strength and sensation. There was decreased cervical and lumbar range of motion. Cervical compression and left straight leg raising were positive. Urine drug screening in April had been consistent with the prescribed medications. Tramadol was being prescribed. Treatments had included at least 10 pool therapy sessions since April 2015. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has chronic low back pain after a lumbar fusion and has recently had skilled pool therapy treatments. Transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

**One (1) urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant sustained a work-related injury in January 2009 and is being treated for chronic neck and low back pain. She underwent a multilevel lumbar fusion to the sacrum in December 2011 and an anterior cervical decompression and fusion in July 2012. When seen, there was a slow and antalgic gait. There was decreased upper extremity strength and sensation. There was decreased cervical and lumbar range of motion. Cervical compression and left straight leg raising were positive. Urine drug screening in April had been consistent with the prescribed medications. Tramadol was being prescribed. Treatments had included at least 10

pool therapy sessions since April 2015. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening less than three months after the previous testing was not medically necessary.