

<b>Case Number:</b>	CM15-0168486		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 12-21-2004. The current diagnoses are degenerative joint disease of the shoulder region, degeneration of the cervical intervertebral disc, and chronic pain syndrome. According to the progress report dated 7-23-2015, the injured worker complains of neck (3 out of 10 with medications and 7 out of 10 without), low back (5 out of 10 with medications and 10 out of 10 without), and right shoulder (8 out of 10) pain. His low back pain is described as intermittent, non-radiating, and unchanged. His neck pain is described as intermittent, tingling, non-radiating, and unchanged. His right shoulder pain is described as throbbing. The physical examination of the neck reveals tenderness of the trapezius with pain elicited by motion. Examination of the right shoulder reveals limited abduction (60 degrees) and painful range of motion. Examination of the lumbar spine reveals tenderness over the ischial tuberosity, paraspinal region (L4), and gluteus maximus. There is pain with motion noted. The current medications are Baclofen, Lidoderm, Nortriptyline, Omeprazole, OxyContin, and Zolpidem. Treatment to date has included medication management, rest, physical therapy (shoulder), and lumbar epidural steroid injection. Work status is described as permanent and stationary. The original utilization review (7-30-2015) had non-certified the request for aquatic therapy to the neck and right shoulder and urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Aquatic Therapy, Neck & Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic); Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents on 07/23/15 with lower back pain rated 5/10 with medications (10/10) without, right shoulder pain rated 8/10, and neck pain rated 3/10 with medications (7/10 without). The patient's date of injury is 12/21/04. Patient is status post right shoulder surgery at a date unspecified. The request is for AQUATIC THERAPY, NECK & RIGHT SHOULDER. The RFA is dated 07/23/15. Physical examination dated 07/23/15 reveals tenderness to palpation of the lumbar paraspinal muscles, bilateral trapezius muscles, and ischial tuberosity (side unspecified). The patient is currently prescribed Atorvastatin, Avinza, Baclofen, Finasteride, Lidoderm patches, Metformin, Miralax, Nortriptyline, Omeprazole, Oxycodone, Sumatriptan, Terbinafine, and Zolpidem. Patient is currently working. MTUS Guidelines, Aquatic therapy section, page 22 states: "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." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In regard to the request for aquatic therapy for the management of this patient's neck and right shoulder, the provider has not specified an appropriate duration of therapy. The documentation provided does not indicate that this patient has undergone aquatic therapy to date. However, the progress note and RFA associated with this request does not specify a number of aquatic therapy sessions to be completed by the patient and only states "aquatic therapy referral." Additionally, aquatic therapy is traditionally utilized in patients for whom land-based physical therapy is too difficult due to excessive weight/obesity. It is not clear how aquatic therapy will be useful for this patient as the requested treatments are directed at the neck and right shoulder, and these body parts are not subjected to bearing a significant amount of body weight (as the lumbar spine or lower extremities would). Therefore, request IS NOT medically necessary.

## **Urine toxicology screening: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** The patient presents on 07/23/15 with lower back pain rated 5/10 with medications (10/10) without, right shoulder pain rated 8/10, and neck pain rated 3/10 with medications (7/10 without). The patient's date of injury is 12/21/04. Patient is status post right shoulder surgery at a date unspecified. The request is for URINE TOXICOLOGY SCREENING. The RFA is dated 07/23/15. Physical examination dated 07/23/15 reveals tenderness to palpation of the lumbar paraspinal muscles, bilateral trapezius muscles, and ischial tuberosity (side unspecified). The patient is currently prescribed Atorvastatin, Avinza, Baclofen, Finasteride, Lidoderm patches, Metformin, Miralax, Nortriptyline, Omeprazole, Oxycodone, Sumatriptan, Terbinafine, and Zolpidem. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing section, page 43 has the following: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of- contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. 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 regard to the urine toxicology screening to ensure that this patient is compliant with his narcotic medications, the request is appropriate. There is no evidence in the records if this patient has undergone any urine drug screening to date, and he is currently prescribed Oxycodone for chronic pain. Given the lack of urine drug screening to date and continued utilization of narcotic medications, this urine drug screening is an appropriate measure. Therefore, the request IS medically necessary.