

<b>Case Number:</b>	CM15-0038175		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 61-year-old female, who sustained an industrial injury on 6/3/03. She has reported low back pain. The diagnoses have included lumbar strain/sprain and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included aquatic therapy, epidural injections of lower back, chiropractic treatment, acupuncture treatment, microscopic lumbar spine laminectomy and oral pain medications. Currently, the injured worker complains of continuous pain in neck with radiation to shoulders, arms, hands and down back to mid back. On physical exam tenderness with muscle tightness and muscle spasm are noted of cervical spine area, some tenderness in suprascapular region and tenderness with muscle tightness, guarding and spasm in the paravertebral area, especially with range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue aquatic therapy; fourteen (14) sessions (2x7), thoracic lumbar and cervical spine:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with pain and weakness in her neck, mid, lower back and upper/lower extremities. The request is for CONTINUE 14 SESSIONS OF AQUATIC THERAPY FOR THE THORACIC, LUMBAR AND CERVICAL SPINE. The utilization review letter on 01/23/15 indicates that the patient has had 12 sessions of aqua therapy in the past. MTUS page 22 states that aquatic therapy is "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." In this case, the treater has asked for aqua therapy but does not discuss how the patient responded to therapy previously; how much weight was reduced via how many sessions and does not mention what can be expected realistically. The patient does not discuss home exercise either. Furthermore, there is no report indicate whether that patient needs reduced weight bearing or extremely obese. The request IS NOT medically necessary.

**Urine analysis time one for next follow up visit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with pain and weakness in her neck, mid, lower back and upper/lower extremities. The request is for URINE ANALYSIS X 1 FOR THE NEXT FOLLOW-UP VISIT. Per 01/14/15 progress report, Neurontin, Prilosec and Ibuprofen are prescribed. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater requested "urine analysis for drug compliance patient is on Norco and Tizanidine for the failed back syndrome." None of the reports indicate whether or not the patient has undergone urine drug screening in the past. Given that the patient has not underwent urine drug screening at least between 03/12/14 and 01/14/15 and the patient's chronic opiate use, the request IS medically necessary.