

Case Number:	CM15-0042580		
Date Assigned:	03/12/2015	Date of Injury:	05/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania, Ohio, 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 55 year old female with an industrial injury dated May 9, 2012. The injured worker diagnoses include lumbar radiculopathy. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 1/13/2015, the injured worker currently complains of worsening pain in lower back, bilateral knee pain and instability. Objective findings revealed spasm in the paraspinal muscles, tenderness to palpitation of the paraspinal muscles, restricted range of motion and reduced sensory in bilateral feet. The treatment plan included aqua therapy to strengthen her lower back and diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3 times a week for 4 weeks for bilateral knees and back: Upheld

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

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

Decision rationale: MTUS recommends aquatic therapy as an optional form of therapy as an alternative to land-based therapy. The records in this case do not provide a rationale as to why the patient requires aquatic rather than land-based therapy and do not provide details on how this would lead to an independent home exercise program, as recommended in MTUS for almost all patients. Thus the aquatic therapy request is not supported by the medical records and guidelines. This request is not medically necessary.

Urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing to assess for the use or presence of illegal drugs and to monitor compliance with prescribed opioid treatment. In this case, a prior physician review acknowledges that urine drug testing is indicated given the patient's opioid prescriptions. That physician review modified this request to an initial 10-panel qualitative drug screen; MTUS does not specifically recommend such explicit limits on the nature of drug testing. Thus, the request for drug testing in this case is consistent with treatment guidelines. This request is medically necessary.