

Case Number:	CM14-0193618		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2007
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female with date of injury of 03/20/2007. The listed diagnoses from 10/01/2014 are: post-laminotomy pain syndrome; status post laminectomy from 2008; status post anterior and posterior instrumented fusion from 2013; history of fecal/urinary incontinence; Fibromyalgia; Sleep disorder; GERD symptoms; widespread nociceptive tenderness; bilateral foot pain and paresthesias and adjustment disorder with anxiety and depressed mood. According to this report, the patient complains of neck, low back pain with bilateral leg radiation, and bilateral feet pain. She continues to have neck pain with pain radiating to both the shoulders and upper back. The patient has continued severe pain in the low back with radiation to both legs. Pain is described as 8/10 in severity. There is numbness, tingling in the buttocks, groin, and posterior parts of her legs. She continues to have pain in her feet with numbness, paresthesia, and burning sensation. The patient has difficulty with gait. Examination shows diffused muscle guarding and tenderness in the cervical spine. Axial head compression is positive. There is bilateral supraspinatus tendon tenderness in the shoulders. Diffuse muscle guarding and tenderness noted in the lumbar spine. Piriformis tenderness was present bilaterally. Yeoman's test is positive bilaterally. Straight leg raise test is positive bilaterally. There is referred back pain with minimal straight leg raise. Global hypoesthesia to minimal testing in the lower extremities. The documents include lab report from 05/05/2014, MRI of the lumbar spine from 06/03/2013, X-ray of the lumbar spine from 10/31/2013, AME reports from 05/02/2014 to 08/12/2014, and progress reports from 11/15/2013 to 10/01/2014. The utilization review denied the request for the pool therapy and modified the request for the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98 and 99.

Decision rationale: This patient presents with neck, low back with bilateral leg radiation and bilateral feet pain. The provider is requesting Pool Therapy x12 visits for the low back. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. No aquatic therapy reports were made available for review to determine the number of treatments the patient has received and with what results. The 10/01/2014 report notes that the patient continues to report difficulties with walking and personal hygiene including showering, bathing, brushing her teeth, getting on and off the toilet, getting dressed, putting on and off shoes and socks. She is unable to do laundry or grocery shopping. She is 5'2 weighing 150 with a BMI of 27.43. The provider is requesting pool therapy for widespread pain syndrome with fibromyalgia. In this case, the patient does not present with weight-bearing issues and the requested 12 visits exceed the MTUS Guidelines. The request IS NOT medically necessary.

Urine Drug Test: qualitative point of care test x 4 and Quantitative lab confirmations:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, screening for risk of addiction.

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 Chapter, Urine Drug Testing

Decision rationale: This patient presents with neck, low back with bilateral leg radiation and bilateral feet pain. The provider is requesting a Urine Drug Test: qualitative point-of-care test x4 and quantitative lab confirmations. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. The records do not show any urine drug screens. The patient's current list of medications includes Butrans, Trazodone, Cymbalta, and Prilosec. Naprosyn and Hydrocodone were discontinued. While the provider does not discuss the patient's risks assessment, ODG Guidelines recommends once yearly urine drug screen and a follow-up within the first 6 months for a total of 2 per year. It is unknown why 4 UDS is being requested. Given that the request exceeds ODG's recommendation, the request is not medically necessary.

