

<b>Case Number:</b>	CM14-0213082		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 62 year old female who was injured on 2/2/2001. She was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, hip sprain/strain, and generalized pain. She was treated with physical therapy and medications. On 11/20/14, the worker was seen by her primary treating physician reporting back pain, rated 4/10 on the pain scale, which was improved from previous reports. Physical findings included reductions in range of motion, sensation, and strength. She was then recommended a urine drug screening test, aquatic therapy, rental and purchase of an interferential unit, and continuation of her medications (not listed in the progress note). A medication list from 9/25/14 included Keratek gel and Flurbiprofen/cyclobenzaprine/menthol cream, and no other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x6 for the lower back:** 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; 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was insufficient evidence to help justify the need for supervised aquatic therapy. Her injury date was many years prior to this request and there was a reported improvement in pain at the most recent appointment around the time of this request. There was no report of the worker not being able to perform land-based therapy or home exercises, which would be most appropriate in her case. Therefore, the aquatic therapy is not medically necessary, considering the evidence found in the provided documents.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43; 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the documents provided for review for any opioid medication usage around the time of this request and many months prior, nor any evidence to suggest any abnormal behavior or abnormal tests which might have warranted regular drug screenings in this case. Therefore, the urine drug screen is not medically necessary.

**IF unit and supplies 30-60 day rental and purchase for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was limited documented report of the worker's physical exercise routine or medication use to evaluate if a consideration for an electrostimulation device might be warranted. There was no evidence to suggest this worker had tried an ICS device before, as this was not found in the documentation. Also, the request for rental AND purchase is inappropriate as these should be requested separately, the purchase request being only after documented evidence of success with a rental trial. The duration of the rental should also be more definitive such as "30 day rental," rather than "30-60 day rental." Therefore, the interferential unit will be considered medically unnecessary, considering the request made and the lack of evidence to support its use.