

Case Number:	CM15-0129216		
Date Assigned:	07/15/2015	Date of Injury:	01/04/2006
Decision Date:	08/21/2015	UR Denial Date:	06/07/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
 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 63-year-old male who sustained an industrial injury on January 4, 2006. He has reported injury to the back and has been diagnosed with chronic low back pain thought to be discogenic and facet mediated, sacroiliac joint injury, disc annular tears in conjunction with SI possibly facet compromise, facet capsular tears of the lumbosacral spine, sacroiliac joint injury, cervical spine stenosis, cervical spine fusion, radiofrequency lumbar spine, and acute exacerbation of chronic spinal pain. Treatment has included medications, rest, massage, and injections. There was an antalgic gait. He was uncomfortable and had difficulty walking. Lumbosacral exam revealed a positive FABER maneuver right, positive Gainslen's maneuver right, secondary to myofascial pain with triggering, ropey fibrotic banding and spasm, tenderness right side over the SI joint, and positive stork test right. The treatment request includes aquatic therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, unspecified frequency and duration, lumbar/cervical spine per 5/20/15 order QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 99.

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

Decision rationale: The records indicate the patient has ongoing low back pain with pain and paresthesias in the right and left leg. The current request is for Aquatic Therapy, unspecified frequency and duration, lumbar/cervical spine per 5/20/15 order page 39 (B). According to the MTUS guidelines, 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. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case, the attending physician offers no discussion as to why the patient requires aquatic therapy as an alternative to land based therapy. There is no indication that reduced weight bearing is necessary and there are no notes suggesting that the patient is unable to tolerate land based therapy. Furthermore, the request does not address frequency and duration of the aquatic therapy. The available medical records do not establish medical necessity for the request of aquatic therapy. Therefore, the request is not medically necessary.

Urine drug screen per 5/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-80, 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The records indicate the patient has ongoing low back pain with pain and paresthesias in the right and left leg. The current request is for Urinary Drug Screen per 5/20/15 order. The attending physician has requested the Urine Drug Screen with no discussion as to why it is necessary at this time. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. Reviewing the attending physician report dated 5/20/15. It appears that a urine drug screen was last performed on 1/23/15 and was considered within normal limits. The attending physician states that "they all are." No risk assessment is noted in the records. Additionally, the records indicate that additional information was requested regarding the number of urine drug screens performed in the last 12 months and that information was not made available. Because the patient is at low risk and a UDS was recently performed in January, the current request is not medically necessary.

