

<b>Case Number:</b>	CM15-0173644		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 cumulative industrial injuries from January 1, 2009 through May 4, 2015, resulting in pain or injury to the mid back, lower extremities, and bilateral legs. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine sprain-strain, lumbar spine sprain-strain, and pain related anxiety and depression. On August 10, 2015, the injured worker reported constant mid back pain rated 6-7 out of 10, and constant low back pain rated 6-7 out of 10. The Primary Treating Physician's report dated August 10, 2015, noted the injured worker had completed aqua therapy, noting improvement with the aqua therapy. A MRI dated July 7, 2015 was noted to show L1-S1 1-2 to 2-3mm disc protrusions with bilateral nerve root compromise. Prior treatments have included injections for pain, chiropractic treatments, physical therapy, and medication. The treatment plan was noted to include continuation of medications, a urine toxicology evaluation, continued aqua therapy, and activities of daily living (ADLs)-range of motion (ROM)-Functional Capacity Evaluation (FCE). The injured worker's work status was noted to be temporarily totally disabled. The June 15, 2015, Primary Treating Physician's report noted the injured worker reported his mid back and low back pain as intermittent, rating both at 5-9 out of 10. The Functional Capacity Evaluation (FCE) report dated May 29, 2015, noted the injured worker not working, with his current pain level at 8 out of 10, with recommendation to continue the current rehab and home exercise programs. The request for authorization dated August 10, 2015, requested follow up in 4-6 weeks, a Functional Capacity Evaluation, aqua therapy 3x6 weeks for the thoracic and lumbar spine, urine toxicology screening, and range of

motion testing. The Utilization Review (UR) dated August 20, 2015, approved the request for follow up in 4-6 weeks, and denied the requests for a Functional Capacity Evaluation, aqua therapy 3x6 weeks for the thoracic and lumbar spine, urine toxicology screening, and range of motion testing, as not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore the request for Functional capacity evaluation is not medically necessary.

**Aqua therapy 3x6 weeks for thoracic and lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Per the MTUS, " 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". However a review of the injured workers medical records do not reveal that he is unable to tolerate land based physical therapy nor describe any circumstances that warrant aquatic therapy such as that he is extremely obese, therefore the request for Aqua therapy 3x6 weeks for thoracic and lumbar is not medically necessary.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

**Decision rationale:** Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urine Drug Test is not established. The request is not medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute and Chronic)/ Low-back Lumbar and Thoracic (Acute and Chronic). Range of motion/Flexibility.

**Decision rationale:** The MTUS / ACOEM did not specifically address the use of special range of motion measurements and therefore other guidelines were consulted. Per the ODG an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. A review of the injured workers medical records do not reveal any specific reasoning that would necessitate an office visit for range of motion measurement and there is no discussion as to how these measurements would aid in further management of the injured worker. Therefore the request for range of motion testing is not medically necessary.