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| Case Number: | CM15-0177050 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 02/23/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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

Certification(s)/Specialty: Emergency 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:

This is a 64-year-old male worker who was injured on 2-23-2012. The medical records indicated the injured worker (IW) was treated for lumbar spine sprain or strain with radiculopathy and lumbago. Submitted documentation is exceedingly poor. They are mostly hand written and contain minimal documentation concerning, pain, function and exam. There is barely an assessment and plan documented. The progress notes (3-19-15 to 7-21-15) indicated the IW had frequent lumbar spine pain with radiation to the bilateral legs. The pain remained moderate to severe. Treatments have included physical therapy, TENS unit, acupuncture, shockwave therapy and medications (Percocet, OxyContin). He had an allergic reaction to a previous epidural steroid injection. Physical examinations (3-19-15 to 7-21-15) remained relatively unchanged; there were spasms in the lumbar paraspinal muscles, range of motion was decreased and painful, straight leg raise was positive and sensation was decreased in the L5-S1 dermatome. There was positive sciatica. An MRI of the lumbar spine on 5-13-13 showed multilevel disc protrusion and facet hypertrophy with spinal canal narrowing and neuroforaminal narrowing at L3-4, L4-5 and L5-S1. The treatment plan included pain medications, pool therapy, urine drug testing and re-evaluation. A Request for Authorization dated 7-21-15 was received for aqua therapy, eight sessions for the lumbar spine; a urine toxicology; and return to clinic in four weeks. The Utilization Review on 8-21-15 non-certified the requests for aqua therapy, eight sessions for the lumbar spine, a urine toxicology, and return to clinic in four weeks due to lack of documentation of clinical indications for any of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy For Lumbar # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: As per MTUS Chronic pain guidelines, aquatic therapy is a form of physical medicine/therapy that may be recommended if patient is not able to tolerate land based therapy. Patient's pain is chronic. Patient likely had some form of PT in the past. Exceedingly poor documentation fails to document any prior PT or rationale as to why patient requires aquatic therapy and cannot tolerate standard physical therapy. Poor documentation fails to support request for aquatic therapy. Therefore, the request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screen is an option in monitoring patients for signs of compliance and aberrant behavior. Only submitted UDS is from 11/2014 which was positive for opioids. Poor documentation does not contain a medication list. It is unclear what medication is on although Oxycodone is noted on plan. There is no opioid risk assessment. The lack of documentation of risk of abuse and rationale for UDS and if patient is still on opioids does not support request for Urine toxicology. Therefore, the request is not medically necessary.

Return to Clinic In 4 Weeks: 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): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: As per ACOEM guidelines, continued follow up may be necessary for continued active management of patient's underlying work related injury. Due to poor documentation, it is unclear what is being done with this patient; what the long term plan is and justification for continued clinic visits. Poor documentation does not support "return to clinic visit in 4weeks". Therefore, the request is not medically necessary.