

Case Number:	CM15-0066295		
Date Assigned:	04/14/2015	Date of Injury:	01/26/2004
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old male, who sustained an industrial injury on 01/26/2004. He has reported injury to the low back and right knee. The diagnoses have included lumbar spine pain; lumbar radiculopathy; and status post lumbar fusion L4-L5. Treatment to date has included medications, diagnostics, injections, physical therapy, spinal cord stimulator, and surgical intervention. Medications have included Celebrex and Tizanidine. A progress note from the treating physician, dated 03/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain rated 5/10 on the visual analog scale; limited range of motion of the right knee; lower back pain rated 7-8/10; and limited range of motion of the lower back. Objective findings included right knee medial joint space tenderness to palpation; positive paraspinal tenderness to lumbar percussion; and positive bilateral sciatic nerve stretch tests. The treatment plan has included the request for one (1) urine analysis screen, CBC, CRP, CPK; and twelve (12) sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine analysis screen, CBC, CRP, CPK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27. 110 p.

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

Decision rationale: The patient is a 56 year old male with an injury on 01/26/2004. He missed a step when he was climbing in and out of a diesel truck. He injured his right knee and had arthroscopic right knee surgery. He also had low back pain and had L4-L5 fusion. He has failed back syndrome with continued lumbar pain and lumbar radiculopathy. A urine drug screen was negative on 09/09/2014. The requested CBC, CRP and CPK were modified and approved - to be done within a 2 month period of time. He has had multiple courses of physical therapy. ODG notes that in patients with no history of drug abuse, as is the case, urine drug screens are not medically necessary more than annually if at all. He has been followed for over a decade since the injury and there is no documentation of drug abuse or any abnormal drug seeking behavior and on 09/09/2014 the urine drug screen was negative. A repeat urine drug screen at this time is not medically necessary and not consistent with ODG.

Twelve (12) sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 56 year old male with an injury on 01/26/2004. He missed a step when he was climbing in and out of a diesel truck. He injured his right knee and had arthroscopic right knee surgery. He also had low back pain and had L4-L5 fusion. He has failed back syndrome with continued lumbar pain and lumbar radiculopathy. A urine drug screen was negative on 09/09/2014. The requested CBC, CRP and CPK were modified and approved. He has had multiple courses of physical therapy. MTUS, Chronic Pain guidelines limits the maximum number of physical therapy visits to a total of 8 - 10 visits (aquatic and land combined). By this point in time relative to the injury and surgery, he should have been transitioned to a home exercise program as there is no documented superiority of continued formal physical therapy over a home exercise program. The requested additional aquatic therapy is not consistent with MTUS, Chronic Pain guidelines.