

<b>Case Number:</b>	CM15-0098592		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: 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 was a 55-year-old male, who sustained an industrial injury, January 28, 2002. The injured worker previously received the following treatments Norco, Ambien, Ultram ER, Nalfon, Prilosec, Fexmid and compound creams. The injured worker was diagnosed with cervical discopathy with disc displacement, lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. According to progress note of March 11, 2015, the injured workers chief complaint was low back pain radiating down to both lower extremities, right greater than the left. The injured worker also complains of numbness and tingling associated with pain in both legs. The pain was increased with activity at work. The injured worker stated the medications and compound creams helped minimize the pain while at work. Any sort of bending, twisting or lifting, aggravated the pain. The physical exam of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. There was tenderness to palpation over the bilateral sacroiliac joints. The FABER/Patrick's tests were positive. The supine straight leg raises were positive at 20 degrees in the bilateral lower extremities. The motor exam noted normal 5 out of 5 bilateral upper and lower extremities. The sensory exam was diminished to light touch and pinprick in the bilateral S1 dermatome distribution. The treatment plan included 24 physical therapy and 1-year gym membership [REDACTED] for self-directed aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 physical therapy visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient was injured on 01/28/02 and presents with low back pain radiating to both legs, with numbness and tingling. The request is for 24 PHYSICAL THERAPY VISITS. The RFA is dated 04/16/15 and the patient is not currently working. As of 12/23/14, the patient has had 5 sessions of physical therapy. The 04/16/15 report states that physical therapy "has been helpful in the past." MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended."The patient is diagnosed with cervical discopathy with disc displacement, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Review of the reports provided does not indicate if the patient had a recent surgery. It appears that the patient has already had prior physical therapy, which had "been helpful. The patient has already had at least 5 sessions of therapy and the treater is now requesting for 24 additional sessions of therapy. There is no discussion provided on how prior sessions of therapy affected the patient's pain and function, besides the general statement that it was "helpful." There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 24 sessions of physical therapy in addition to the 5 sessions he has already had exceeds what MTUS Guidelines allow." Therefore, the request IS NOT medically necessary.

**1 year gym membership at the [REDACTED] for self directed aqua therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Gym memberships.

**Decision rationale:** The patient was injured on 01/28/02 and presents with low back pain radiating to both legs, with numbness and tingling. The request is for 1 YEAR GYM MEMBERSHIP AT THE [REDACTED] FOR SELF DIRECTED AQUA THERAPY. The RFA is dated 04/16/15 and the patient is not currently working. MTUS Guidelines do not address gym memberships. ODG, Knee & Leg Chapter, Gym memberships, states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals."MTUS Chronic Pain Medical Treatment Guidelines page 22 state, 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 effect 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 improves 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."MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). In addition, active self-directed home physical medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis 8 to 10 visits are recommended. The patient is diagnosed with cervical discopathy with disc displacement, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Review of the reports provided does not indicate if the patient had a recent surgery. There is no discussion provided regarding why a gym membership or aquatic therapy is needed and why the patient is not able to do home exercises. None of the reports mentions if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Furthermore, ODG Guidelines do not support gym memberships and there is no any discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. The requested gym membership at the for self-directed aquatic therapy IS NOT medically necessary.

**1 on-site collection and off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

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

**Decision rationale:** The patient was injured on 01/28/02 and presents with low back pain radiating to both legs, with numbness and tingling. The request is for 1 ON-SITE COLLECTION WITH OFF-SITE CONFIRMATORY ANALYSIS USING HIGH-COMPLEXITY LABORATORY TEST PROTOCOLS INCLUDING GC/MS, LC/MS, AND ELISA TECHNOLOGY FOR MEDICAL TREATMENT COMPLIANCE. The utilization review letter did not provide a rationale. The RFA is dated 04/16/15 and the patient is not currently working. ODG guidelines, Pain (Chronic) Chapter under the Urine Drug Testing section states that "chromatography/mass spectrometry (GM/MS) or liquid chromatography mass spectrometry (LC/MS/MS) are considered confirmatory tests, and particularly important when results of a test are contested. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs." On 04/01/14, the patient had a urine drug screen, which revealed that he was not compliant with his medications. Hydromorphone and Hydrocodone, medications not on his prescription, were detected in the patient's UDS. The most recent report provided from 04/16/15, indicates that the patient is Fexmid, Nalfon, Prilosec, and Ultram ER. Given that the patient was not compliant with his prior urine drug screen and is currently prescribed with opioids, a confirmatory test appears reasonable. Therefore, the requested confirmatory test IS medically necessary.