

Case Number:	CM13-0001344		
Date Assigned:	07/02/2014	Date of Injury:	10/10/1985
Decision Date:	08/12/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 10/10/1985. Per pain medication management evaluation dated 6/24/2013, the injured worker rates her pain at a level of 4/10 on visual analog scale. She complains of pain in the lower back on bilateral sides. She reports pain in the posterior neck and abdomen, numbness in the leg and tingling in the leg. MRI performed on 10/18/2012 reviewed: 1) L3-L4 disc desiccation and mild facet arthropathy 2) L2-L3 right sided mild disc herniation and mild facet arthropathy contributes to mass effect on the ventral subarachnoid space 3) L5-S1 disc desiccation and severe bilateral facet arthropathy. She denies any adverse effects from medication including sedation. She denies any self adjustment of medications. She admits to diagnosis with esophageal paralysis. She was not digesting food normally and was prescribed Reglan by gastroenterologist. She admits to both nausea and vomiting. She is taking Reglan for symptoms. She admits to constipation and is taking an over the counter laxative. Bowel movements are controlled with her current regimen. She states secondary to weaning down on the opioids her constipation is not as bad. She states that she is retired. On examination vitals, general exam, and psychiatric exam were normal. Diagnosis is lumbosacral neuritis NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL/AQUATIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section Page(s): 22, 98-99.

Decision rationale: Per the requesting physician, the injured worker's function is doing well. She came into the office again without a cane. She continues aquatic therapy at home and is to be scheduled at a physical therapy location to continue aquatic therapy. She can get noodle underneath knee, under armpits and lay back for at least 30 minutes a day. The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The injured worker has a date of injury over 28 years ago, and has already had therapist guided aquatic therapy. She is also doing aquatic therapy at home. There is no indication that she is in need of additional aquatic therapy sessions. This request also does not state the number of sessions being requested. Therefore, the request for physical/aquatic therapy is not medically necessary.

NEW MEDICATION: TESTIM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids) Page(s): 110, 111.

Decision rationale: The requesting physician reports that the injured worker is to try Testim and apply half a tube everyday for 2 months then re-test other signes of dysfunction (esophageal pralysis) and side effects such as nausea and vomitting. She will need to try Testim secondary to increased loss of muscle mass. Testim is a testosterone replacement medication that is indicated for the treatment of hypogonadism. The MTUS Guidelines recommend the use of testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The medical reports do not document testing that provide evidence of low level of testosterone in this injured worker. Therefore the request for new medication Testim is not medically necessary.