

Case Number:	CM13-0010650		
Date Assigned:	09/23/2013	Date of Injury:	12/03/2011
Decision Date:	02/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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:

The patient is a 50-year-old injured worker who reported an injury on 12/03/2011. The injury was noted to have occurred while the patient was dealing with a combative inmate. The patient's diagnoses include probable discogenic low back pain, severe spinal stenosis, and obesity. The patient symptoms are noted to include low back pain with radiation to their right hip. Physical examination findings include decreased range of motion of the cervical spine, tenderness to palpation of the lumbar region, and normal neurological findings in the lower extremities. It was noted that throughout the patient's treatment, they had undergone very little physical therapy. The patient was referred for pool and land therapy 3 times a week for 4 weeks and given a prescription for Voltaren 75 mg twice a day. A supplemental report dated 10/01/2013 stated that the patient is unable to tolerate land therapy due to their obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land and pool therapy for Lumbar Spine, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22;98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state aquatic therapy may be a recommended option for physical therapy when reduced weight bearing is desirable, for example, in cases of extreme obesity. Physical medicine treatment in general is recommended as 9 to 10 visits over 8 weeks for unspecified myalgia and myositis. As the patient has been shown to have functional deficits related to their occupational injury, the request for physical therapy is supported. Additionally, as it is noted the patient has obesity, aquatic therapy is appropriate. However, the request for 3 times a week for 4 weeks exceeds guideline recommendation of a total of 9 to 10 visits over 8 weeks. Moreover, it was noted the patient did have a minimal amount of physical therapy, however, the patient's previous number of visits and duration of treatment was not stated. The request for land and pool therapy for the lumbar spine, three times a week for four weeks is not medically necessary and appropriate.

Voltaren 75mg, quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief for patients with chronic low back pain. The patient was not noted to have previously been treated with Voltaren or any other Non-Steroidal Anti-Inflammatory Drug (NSAID). Therefore, a short course is supported. The request for Voltaren 75mg, quantity 60, is medically necessary and appropriate.