MAXIMUS Federal Services

Case Number:	CM13-0017324		
Date Assigned:	10/11/2013	Date of Injury:	12/27/2000
Decision Date:	03/12/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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 in Physical Medicine and Rehabilitationand 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 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 62-year-old female who reported an injury on 12/27/2000. The mechanism of injury was not provided for review. Previous treatments included medications, physical therapy, a home exercise program, and epidural steroid injections. The patient's most recent clinical examination revealed a positive right sided straight leg raising test with diminished sensation in the L5 distribution and restricted range of motion secondary to pain. The patient's diagnoses included disc displacement of the lumbar spine, spinal stenosis of the lumbar spine, radiculitis, cervical disc degeneration, myalgia and myositis, depression, and chronic pain. The patient's treatment plan included continuation of ibuprofen as the patient has a history of addiction to opioid therapy. Aquatic therapy was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 aquatic based physical therapy sessions: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The requested 24 aquatic based physical therapy sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of aquatic therapy for patients who would benefit from a non weight bearing environment while participating in an active therapy program. The clinical documentation submitted for review does provide evidence that the patient has poorly controlled pain and significant instability resulting in recurrent falls. Therefore, the patient would benefit from a non weight bearing environment. However, Official Disability Guidelines recommend a 6 visit clinical trial to establish the efficacy of this treatment modality. The requested 24 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 24 aquatic based physical therapy sessions is not medically necessary or appropriate.

Ibuprofen 800 mg, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,67.

Decision rationale: The requested ibuprofen 800 mg with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of medications in the management of a patient's chronic pain be supported by an assessment of symptom relief and documentation of functional benefit. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 03/2013. There is no documentation in the recent assessment of functional benefit or pain relief related to this medication. Therefore, continued use would not be supported. As such, the requested ibuprofen 800 mg with 2 refills is not medically necessary or appropriate.

1 lumbar bracing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested lumbar bracing is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend a lumbar support beyond the acute phase of treatment for a back injury. The clinical documentation submitted for review does provide evidence that the patient is in a chronic phase of treatment for this injury. Therefore, the need for a lumbar brace is not supported. As such, the requested 1 lumbar brace is not medically necessary or appropriate.