

Case Number:	CM13-0024962		
Date Assigned:	11/20/2013	Date of Injury:	09/12/2011
Decision Date:	01/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/17/2013

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 Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 09/12/2011. The patient's symptoms include upper back pain, low back pain with radiation to the buttocks, right knee, and bilateral ankle pain. Objective findings include normal range of motion of the lumbar spine, tenderness to palpation and spasm of the lumbar paravertebral musculature, and tenderness of the right upper buttock, coccyx joint, sacroiliac joint, and right medial parascapular area. It was also noted that supine straight leg raise testing is 80 degrees bilaterally, Achilles and Patellar reflexes were absent bilaterally, sensation of the lower extremities was intact, and motor strength was 5+ bilaterally. Diagnoses were listed as low back syndrome, lumbar/lumbosacral disc degeneration, and lumbar herniated nucleus pulposus. A recommendation was made for topical analgesic ointment application as needed and aquatic physical therapy for the lumbar spine twice weekly times 6 weeks. Case notes indicate that the patient was previously approved for 6 visits of aquatic therapy on 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

aquatic therapy two (2) times a week for six (6) weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. It is noted that this treatment can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The documentation submitted for review indicates that the patient has low back pain. However, the reason the patient requires reduced weight bearing exercises was not documented. Additionally, the information submitted did not contain documentation of the patient's outcome following her initial 6 visits of aquatic therapy. Without evidence of objective functional gains from previous therapy, further recommendations cannot be made. Therefore, the request for Aquatic Therapy two times a week for six weeks for the lumbar spine is non-certified.

Topical analgesic ointment application PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Section Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines further state that knowledge is required of the specific analgesic effect of each topical agent and how it will be useful for the specific therapeutic goal required. The type of topical analgesic ointment was not specified in the request. Additionally, there is a lack of documentation of neuropathic pain with failure of antidepressants and anticonvulsants or other stated indication for a topical analgesic. With the absence of detailed information regarding the request, it cannot be supported by guidelines. Therefore, the request for Topical Analgesic Ointment Application PRN is non-certified.