

Case Number:	CM13-0025598		
Date Assigned:	11/20/2013	Date of Injury:	07/28/2011
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 and is licensed to practice in California, Ohio, and Pennsylvania. 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 underlying date of injury in this case is 07/28/2011. Treating diagnoses include lumbar radiculopathy, lumbar disc displacement, sacral disorder, numbness, and myofascial pain syndrome. Treating physician notes including those of 04/19/2013 note that the patient has a history of chronic low back pain radiating to the left buttock and left lower extremity to the calf. The patient previously reported that land-based physical therapy for 12 sessions worsened his pain. The patient was using Vicodin as well for pain. The treating physician recommended aquatic therapy twice weekly for 16 weeks for stretching and strengthening and to help with chronic pain. Ongoing use of Vicodin has been documented. An initial physician review noted that the patient had moderate pain with long-term Vicodin usage with minimal benefit since the initial injury and therefore recommended modifying Vicodin for a purpose of a taper. That review noncertified the request for aquatic therapy, recommending progression toward a land-based, self-directed physical therapy program or self-directed aquatic therapy program within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin 5/500mg #120: 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 Section Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records in this case do not contain such details of the 4 domains of opioid management to support dose titration or an indication/benefit for Vicodin in this case. This treatment is not medically necessary.

32 Pool Therapy sessions: 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 Section Physical Medicine Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Additionally these same guidelines under Physical Medicine, page 99 states, "myalgia and myositis, unspecified: 9-10 visits over 8 weeks... radiculitis, unspecified: 8-10 visits over 4 weeks." The medical records do indicate that this patient initially worsened with land-based therapy. In that situation, a trial of aquatic therapy may be appropriate per the guidelines. However, the current request for 32 sessions substantially exceeds the recommendations and the guidelines without a rationale for an exception. Therefore, this request is not medically necessary.