

Case Number:	CM13-0026957		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2006
Decision Date:	03/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 33-year-old female who sustained a work-related injury on 07/13/2006. Subjectively, the patient reported complaints of low back pain rated 3/10 to 8/10 with associated bilateral lower extremity numbness, tingling, and pain which extended to the feet. The patient reported having undergone physical therapy in the past; however, land-based physical therapy had increased her symptoms. Objectively, no acute distress was noted as the patient was able to walk throughout the exam room. The patient was noted to have bilateral hyperesthesia, decreased strength and positive straight leg raise bilaterally. The patient's diagnoses included facet arthropathy, stenosis, and diabetes. A request for authorization for aqua therapy 2 times a week for 6 weeks and continued use of Temazepam for insomnia was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua physical therapy two times a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The requested aqua physical therapy 2x6 for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who would benefit from a non-weight bearing environment while participating in active therapy. The clinical documentation submitted for review does indicate the patient has participated in a course of physical therapy that was land-based that increased the patient's pain and did not allow for meaningful participation during the course of land-based therapy. However, California Medical Treatment Utilization Schedule only recommends up to 10 visits for patients with radiculopathy and myofascial pain. The requested 12 visits exceed this recommendation. The clinical documentation does not contain any exceptional factors that would support extending treatment beyond guideline recommendations. As such, the requested physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate.

Temazepam 15mg #60: 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 Benzodiazepines Page(s): 24.

Decision rationale: The requested Temazepam 15 mg #60 for date of service 08/13/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines as there is a high risk for psychological and physiological dependence. Although this medication is often used for its sedative properties, long-term use is not supported. The clinical documentation submitted for review does indicate that the patient has been on this medication previously. Additionally, the clinical documentation submitted for review does indicate the patient is prescribed to this medication as one 15 mg pill every night. The requested 60 pills suggests a treatment duration of 2 months. This is well outside California Medical Treatment Utilization Schedule treatment recommendations of no more than 4 weeks. There are no exceptional factors noted within the do to support extending treatment beyond guideline recommendations. As such, the requested Temazepam 15 mg #60 for date of service 08/13/2013 is not medically necessary or appropriate.