MAXIMUS Federal Services

Case Number:	CM13-0027662		
Date Assigned:	12/11/2013	Date of Injury:	03/25/1978
Decision Date:	01/29/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio 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 67-year-old male who reported an injury on 03/25/1978 due to a motorcycle collision. The patient reportedly sustained an injury to head, neck, back, and hip. Prior treatments included rest, medications, physical therapy, chiropractic treatment, and injections. The patient has undergone multiple x-rays, CAT scans, MRI scans, and EMGs. The patient's most recent clinical examination findings included increased lower back pain secondary to increased activity. It was also noted that the patient's radicular symptoms have resolved with a lumbar epidural steroid injection. The patient's diagnoses included concussion syndrome and low back pain with lumbosacral radiculopathy. The patient's treatment plan included physical therapy, aquatic therapy, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for aquatic therapy sessions 2 times a week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Aquatic therapy sessions 2 times a week for 6 weeks are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had aquatic therapy in the past. California Medical Treatment Utilization Schedule recommends aquatic therapy when nonweightbearing is indicated. The clinical documentation submitted for review does not provide any evidence that this acute exacerbation requires a nonweightbearing status. Additionally, as the efficacy of prior therapy was not established, continuation of this type of treatment would not be indicated. Additionally, the request exceeds California Medical Treatment Utilization recommendations of up to 10 visits for this type of injury. As such, the requested aquatic therapy sessions 2 times a week for 6 months are not medically necessary or appropriate.

Request for prescription of Propranolol LA Cap 120mg for a 6-month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatments.

Decision rationale: The requested prescription for propranolol LA capsules 120 mg for 6 months is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is hypertensive and would benefit from this type of medication. Official Disability Guidelines do recommend this medication as a first line fourth edition in the management of hypertension. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first, second, and third line choices in the management of the patient's hypertension. Additionally, the request is for a 6-month supply, which does not allow for a timely reassessment to determine efficacy of treatment. As such, the requested propranolol LA caplets 120 mg for a 6-month supply is not medically necessary or appropriate

Request for physical therapy sessions 2 times a week for 6 months is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested physical therapy sessions 2 times a week for 6 months is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had an acute exacerbation of low back pain due to increased activity levels. However, the clinical documentation submitted for review does indicate that the patient previously received physical therapy and should be well versed in a home exercise program. California Medical Treatment Utilization Schedule recommends that patients be

transitioned into a home exercise program in order to maintain improvements obtained during supervised therapy. Clinical documentation submitted for review does not provide any barriers that would preclude further progress while participating in a home exercise program. Additionally, California Medical Treatment Utilization Schedule recommends up to 10 physical therapy visits as appropriate treatment for this type of injury. The requested 2 times a week for 6 months is in excess of the recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy sessions 2 times a week for 6 months are not medically necessary or appropriate.