

<b>Case Number:</b>	CM13-0034882		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in 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 expert 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 claimant is a 56 year old law enforcement employee who injured his low back at work on September 23, 2010. Treatment has included epidural injections and lumbar facet blocks. The MRI report on April 12, 2013 documented spinal stenoses, intracanal cysts with thecal sac compression and deviation at L5-S1 and grade I/II L5-S1 anterolisthesis with likely bilateral pars fractures. There was no documentation of previous surgery. On examination, there is no documentation of radiculopathy, and there is a normal neurologic evaluation noted, with motor, sensibility and reflexes. The claimant has been prescribed amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Amitriptyline Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Amitriptyline Page(s): 13, 15.

**Decision rationale:** Based upon the Chronic Pain Medical Treatment Guidelines, the medical records cannot support the use of Elavil. There is no documentation of any adverse reactions or intolerance to the anti-inflammatory medications.

**Physical/Aquatic Therapy (24 Sessions): Upheld**

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

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

**Decision rationale:** Based upon the Chronic Pain Medical Treatment Guidelines, Aqua Therapy is not supported within the medical records. There is no documentation of why land based type of treatments cannot be undertaken.