

Case Number:	CM13-0054049		
Date Assigned:	12/30/2013	Date of Injury:	02/11/2008
Decision Date:	03/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice and is licensed to practice in California. 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 52-year-old female who reported an injury on February 11, 2008. The mechanism of injury is not specifically stated. The patient is diagnosed with lumbar disc with radiculitis, knee pain, and reflex sympathetic dystrophy of the lower limb. The patient was evaluated on November 06, 2013. The patient was pending approval for an ice machine, aquatic exercise, and chiropractic treatment. It was noted that the patient's previous ice machine stopped working, and the current request is for a replacement. It is also noted that the patient is currently participating in aquatic therapy twice per week. The current physical examination revealed restricted lumbar range of motion, decreased sensation to light touch, positive straight leg raising bilaterally, and an intact right knee incision. Treatment recommendations included the ice machine, aquatic exercise pool, chiropractic sessions, a vascular surgeon consultation, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) ice machine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. There is no documentation as to why this patient cannot utilize local at home applications of heat or cold packs, as recommended by the California MTUS/ACOEM Practice Guidelines. The medical necessity of the requested durable medical equipment has not been established. Therefore, the request is non-certified.

one (1) Percocet, 10/325mg tablet: 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 Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient does not demonstrate functional improvement. The patient continues to report persistent pain in the lower back with radiation to bilateral lower extremities as well as tingling, numbness and weakness of the lower extremities. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Aquatic in-home pool therapy for the lumbar: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient was currently participating in a course of aquatic therapy. However, the patient's physical examination continues to reveal restricted range of motion, decreased sensation, positive straight leg raising, and antalgic gait. Documentation of objective functional improvement following the initial course of aquatic therapy was not provided. There is also no indication as to why this patient requires reduced weight-bearing as opposed to land-based physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.