

Case Number:	CM14-0008939		
Date Assigned:	02/12/2014	Date of Injury:	12/13/2012
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery, 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 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 injured worker is a 49-year-old male who sustained an injury in December, 2012. The mechanism of injury is noted as a slip and fall. The current diagnosis is noted to be a disc herniation at L4/L5 and L5/S1. It is also noted that the request for aquatic therapy had been modified to include 10 sessions of a land-based physical therapy protocol. Ongoing complaints include the low back pain, mid back pain, posterior any anterior hip pain and bilateral foot numbness. Additional complaints include the neck and left shoulder. Several months of physical therapy have been completed as had an epidural steroid injection. The physical examination noted a slight decrease in left arm strength, normal sensory examination and deep tendon reflexes to be intact. Imaging studies noted multiple level degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY 2 X6 WEEKS: 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 Page(s): 22.

Decision rationale: When noting the date of injury, the injury sustained, the current physical examination reported and the lack of any specific parameters indicating the need for aquatic therapy versus land-based therapy, there is insufficient clinical information to support this request. There is no noted benefits to overcome the effects of gravity in terms of rehabilitation. As such, there is insufficient data presented to support this request.  

LIDODERM PATCH #30: 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 Page(s): 111.

Decision rationale: This is noted to be a largely experimental delivery system for this topical analgesic. Furthermore, there is no objectification of a neuropathic pain scenario when noting the multiple degenerative changes identified on the MRI of the lumbar spine. Given the lack of research to support such a use, noting that passed use is not delivered any noted efficacy, there is insufficient data presented to support this request.