

Case Number:	CM14-0123129		
Date Assigned:	08/08/2014	Date of Injury:	08/09/2010
Decision Date:	09/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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 67-year-old male, who reported injury on 08/09/2010. The mechanism of injury was the injured worker fell at work, as he was sitting on a milk crate when the crate slipped out from under him. He fell onto his tailbone. Other therapies included The injured worker underwent a CT of the lumbar spine. The surgical history included multiple lumbar procedures and a pacemaker. The injured worker's current medications were noted to include Dexilant DR 60 mg capsules 1 daily, Lyrica 200 mg capsules 1 twice a day, Cymbalta 60 mg 1 daily, Neurontin 600 mg tablets 2 tablets 3 times a day, oxycodone 15 mg tablets 1 every 4 hours as needed with a maximum of 6 per day, Soma 350 mg tablets one 4 times a day as needed, OxyContin 15 mg tablets ER 12 one 4 times a day, Ambien CR 12.5 mg 1 at bedtime, Lyrica 100 mg capsules 1 daily, Seroquel 100 mg tablets 1 at bedtime, and Plavix 75 mg tablets 1 daily per another physician. The physical examination of 06/19/2014 revealed the injured worker had restricted range of motion with flexion limited to 45 degrees and extension 5 degrees. On palpation of the paravertebral muscles, there was hypertonicity, tenderness, and trigger points, which, when palpated, revealed a twitch response along with radiating pain bilaterally. The diagnoses included disorder of coccyx NOS, "mood disorder other dis", and low back pain. The treatment plan included medication refills and wheelchair transportation. He noted the prior treatments included deep tissue massage and a coccyx injection as well as a spinal cord stimulator trial. There was no DWC form RFA or PR-2 submitted for the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 Sessions Lumbar and Lower Extremity: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend 8-10 treatments of physical medicine for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone Physical Medicine treatment. There was a lack of documentation indicating the quantity of sessions that were provided. There was a lack of documentation of objective functional deficits to support the necessity for ongoing Physical Medicine treatment. Given the above, the request for Physical Therapy x12 sessions, Lumbar and Lower Extremity, is not medically necessary.

Aqua Therapy: 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 Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy for 9-10 visits for myalgia and myositis. It is specifically recommended where reduced weightbearing is desirable. The clinical documentation submitted for review failed to provide documentation the injured worker had a necessity for reduced weightbearing. The request as submitted failed to indicate the quantity of sessions being requested. There was a lack of documentation indicating a necessity for both physical therapy and aquatic therapy. Additionally, the request as submitted failed to indicate the body part to be treated. Given the above, the request for Aquatic Therapy is not medically necessary.