

Case Number:	CM14-0129492		
Date Assigned:	08/18/2014	Date of Injury:	12/26/2011
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Nevada. 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 57-year-old female who was reportedly injured on December 26, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 16, 2014, indicated that there were ongoing complaints of back pain. A 50% improvement with trigger point injections was noted. The pain level was described as 7/10. The physical examination demonstrated a decreased range of motion of the thoracic spine, a moderately reduced range of motion of the lumbar spine, multiple myofascial trigger points and tight bands are reported. Straight leg raising was positive at 80 on the right and 40 on the left. There was difficulty with heel and toe walking. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, multiple injection therapies, pain management interventions. A request was made for epidural steroid injection, multiple medications and aquatic therapy and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (Epidural steroid injection) x1 L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: It is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. However, there is no objective data to support a radiculopathy and the diagnosis of a myofascial pain syndrome would not be of benefit relative to this type of procedure. The request for ESI is not medically necessary.

Naproxen 550mg Q8h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

Decision rationale: This medication is recommended as an option. However, the medication is for the treatment of osteoarthritis. The diagnoses offered were a myofascial pain syndrome as well as a sensory changes in lower extremities. There was no clinical indication presented, that the diagnosis, that is to be addressed, is present. Furthermore, the progress notes indicate the pain levels are unchanged. As such, there is no objectified efficacy relative this medication. The medical necessity for Naproxen has not been established.

Hydrocodone/APAP 10/325mg Q8H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this is a short acting opioid indicated for the management of moderate to severe breakthrough pain. The guidelines support the short-acting opiates at the lowest possible dose that improve pain and function. Therefore, ongoing review is necessary to document pain relief, functional status and appropriate medication use. Based on the last several progress notes reviewed, these factors have not been addressed. Therefore, with no noted efficacy, the medical necessity of Hydrocodone/APAP has not been established.

Aqua therapy 2x6: Upheld

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

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

Decision rationale: This type of intervention is recommended as an optional form of exercise therapy. However, this is an alternative to land-based therapy and there is no data provided to suggest that land-based therapy could not be completed. Furthermore, when noting the date of injury, the injury sustained and the findings on physical examination, there is no indication that would support anything other than a home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight. Therefore, based on the data presented, the medical necessity of Aqua Therapy has not been established.