

Case Number:	CM14-0133734		
Date Assigned:	08/27/2014	Date of Injury:	06/05/1981
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine 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 76 year old female who had a work related injury on 06/05/81. The most recent documentation submitted for review is dated 05/13/14. The injured worker has had electrodiagnostic studies, magnetic resonance image of the lumbar spine, x-rays of the lumbar spine. She has been trialed on Ibuprofen, Baclofen, and Vicodin. Her pain scale is described as 5/10. She reports that the pain may decrease to a 2 at best or increased to a 10 at worst on the same 10 point system. The injured worker has pain 75% of the time. The impact of the pain has been severe. In terms of activities of daily living, she notices that no assistance is needed for bathing, driving, or grooming, however she indicates that she is unable to do some home duties without help. Current medications are Norco 10/325mg and Prozac. Physical examination reveals a well appearing female resting comfortably in the chair and in no apparent distress. Her gait is antalgic on the right side. Visual inspection of her back reveals flattening of the lumbar lordosis. Range of motion of her back reveals forward flexion of 60 degrees, extension to 10 degrees, right and left lateral side tilting to 20 degrees. Her lower extremity range of motion is limited at the knee due to arthritic type pain. Otherwise, she has fully functional range of motion of the lower extremity. Strength in the lower extremity is 4/5 throughout limited secondary to her back and leg pain. Reflexes are 2/4 at both knees and 2/4 at the left ankle and 1/4 at the right ankle. Light touch sensation is intact throughout the lower extremities. Her gait was slightly antalgic. Log roll on right and leg side is negative. Fabre's test on the right is severely restricted due to the low back pain. Fabre's test on the left is moderately restricted with low back pain. Straight leg raise on the right is to 40 degrees with low back pain in the posterior aspect of the thigh. Straight leg raise on the left is 80 degrees with hamstring stretch but no back pain. Diagnosis: discogenic low back pain, degenerative joint disease of the lumbar spine, spinal stenosis of the lumbar spine, lower back pain, myofascial low back pain. Recommendation at

that time was to try a pool therapy program and therefore, do a 1 on 1 for 12 visits and then transition her to a community pool program. Prior utilization review on 07/31/14 was non-certified. The current request is for pool therapy for 12 visits in a community pool and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for 12 visits, community pool: 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 Medical Treatment Utilization Schedule states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The injured worker has been recently approved for pool therapy, there is no indication that this has been completed and the outcome of such sessions has not been discussed or documented. There is also no indication of a special circumstance for which pool therapy is indicated as opposed to land therapy. Therefore, medical necessity has not been established.

Norco 10/325mg #120: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.