

Case Number:	CM14-0143721		
Date Assigned:	09/12/2014	Date of Injury:	05/19/1997
Decision Date:	12/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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, has a subspecialty in Pain Management 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 patient is a 47 year old with an injury date on 5/19/97. Patient complains of increasing low lumbar pain and leg pain per 7/3/14 report. Patient complains of increased depressive symptoms and medications (Cymbalta) have been denied per 7/3/14 report. Based on the 7/3/14 progress report provided by the treating physician, the diagnoses are: 1. s/p laminectomy and discectomy L4-52. s/p PLIF and posterior spinal fusion L4-5 March 20023. slight disc desiccation throughout the C-spine4. C-spine strain5. s/p hardware removal L-spine July 20076. bilateral carpal tunnel syndrome7. horizontal cleavage tear, posterior horn of the medial meniscus, left knee8. s/p left knee arthroscopyExam on 7/3/14 showed "L-spine range of motion restricted/painful with guarding." Straight leg raise is positive per 1/9/14 report. Patient's treatment history includes home exercise program, medication (Motrin, Prilosec, Cymbalta). The treating physician is requesting aquatic physical therapy 3 times a week for 6 weeks to the lower back, hips and lower extremities, and Cymbalta 30mg #30. The utilization review determination being challenged is dated 8/4/14. The requesting physician provided treatment reports from 1/9/14 to 8/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 3 times a week for 6 weeks to the lower back, hips and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with lower back pain, and leg pain. The provider has asked for aquatic physical therapy 3 times a week for 6 weeks to the lower back, hips and lower extremities on 7/3/14 "given the fact that the patient is highly deconditioned, has lost range of motion and needs to gain further strength in the hips lower back and lower extremities." Review of the reports do not show any evidence of recent physical therapy or aquatic therapy being done. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. Even so, someone who is "highly deconditioned" may benefit from reduced weight-bearing exercises and a short-course of therapy may be reasonable. However, the requested 18 sessions exceed MTUS guidelines for this type of condition. Recommendation is for denial.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Duloxetine (Cymbalta) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs), Duloxetine (Cymbalta) Page(s): 16-17, 43-44.

Decision rationale: This patient presents with lower back pain, and leg pain. The provider has asked for Cymbalta 30mg #30 on 7/3/14 "for low back and neuropathic leg pain." Patient has taken Cymbalta, although documentation does not indicate when its use began. Regarding Cymbalta, MTUS page 16,17 states "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." In this case, the patient presents with radicular symptoms of the L-spine. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Due to a lack of documentation of efficacy, recommendation is for denial.