

Case Number:	CM14-0146552		
Date Assigned:	09/12/2014	Date of Injury:	04/03/2012
Decision Date:	11/05/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 04/03/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic myofascial pain syndrome, bilaterally epicondylitis, moderate right L5 radiculopathy and 7 mm disc herniation at the L5-S1 level. Past medical treatment consists of surgery, trigger point injections, ESIs, aquatic therapy and medication therapy. Medications include naproxen, mirtazapine and tramadol. On 05/16/2014, the injured worker underwent a urinalysis showing that the injured worker was in compliance with prescription medications. On 07/22/2014, the injured worker complained of back pain. It was noted on physical examination that the injured worker rated the pain at 6/10. Range of motion of the back was slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paravertebral musculature, as well as the gluteal muscles. Medical treatment plan is for the injured worker to continue with aquatic therapy and the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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 that is specifically recommended where decreased weight bearing is desirable, for example extreme obesity. The California MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and the alleviation of discomfort. The guidelines indicate that the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis and radiculitis it is 8 to 10 visits. There was a lack of documentation in the submitted records as to why the injured worker would benefit from aquatic therapy. The submitted documentation lacked pertinent functional impairments currently on the injured worker's physical examination. Additionally, there was no reason as to why the injured worker would not benefit from a land based home exercise program. The request, as submitted, also did not specify what body parts were going to be exercised with aquatic therapy. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.

Naproxen 550mg X 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also recommend naproxen be given at its lowest effective dose, which is 250 mg. The efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits. The guidelines also stipulate that naproxen should be prescribed at its lowest dose, which is 250 mg. The request as submitted is for naproxen 550 mg, exceeding recommended guidelines. Given the above, the injured worker is not within MTUS criteria. As such, the request is not medically necessary.