

Case Number:	CM14-0151931		
Date Assigned:	09/19/2014	Date of Injury:	10/16/2012
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 24-year-old male who reported an injury on 10/16/2012 due to picking up a power washer and putting it into a golf cart; he experienced an immediate onset of low back pain. Diagnosis was S1 radiculopathy. Past treatments were medications, chiropractic sessions, physical therapy, lumbar brace belt, and TENS unit. Diagnostic studies were MRI of the lumbar spine that revealed central and left paracentral L5-S1 disc extrusion of indeterminate duration. There was a 4 mm retrolisthesis seen at the L5 on S1 with no defect in the pars intra-articularis. There was close proximity to, if not contact, of the left S1 nerve root with no stenosis. Acute interspinous ligament strain was seen at the L4-5. The EMG revealed mild left S1 radiculopathy. Physical examination on 08/06/2014 revealed that the injured worker was feeling the same. There were complaints of low back pain that was rated a 6/10, was worse with walking and bending, better with medication and lying down. The pain was reported to radiate to the left toes. The injured worker complained of feeling as though his bladder was not completely emptying; he complained of sexual dysfunction due to pain. Examination revealed deep tendon reflexes were 2+, sensation intact, diminished in the left leg, pain to palpation along the lumbar paraspinous muscles, straight leg raise negative. Treatment plan was for Detrol LA, 2 mg per day; cervical pillow; and aquatherapy 3x6. Medications were omeprazole, baclofen, Anaprox, Norco, Cymbalta, ThermaCare patch, Colace, and Ativan. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detrol LA 2m per day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/detrol-la.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: <http://www.drugs.com/search.php?searchterm=detrol> Other Guidelines

Decision rationale: The decision for Detrol LA 2 mg per day, quantity 30, is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and ODG do not address this. Drugs.com states that Detrol reduces spasms of the bladder muscles. Detrol is used to treat overactive bladder with symptoms of urinary frequency, urgency, and incontinence. Detrol may also be used for other purposes not listed in this medication guide. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Although the injured worker may have gotten relief from taking this medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pillow

Decision rationale: Therefore, this request is not medically necessary. The decision for cervical pillow is not medically necessary. The Official Disability Guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep. Either strategy alone did not give the desired clinical benefit. It was not reported that the injured worker was participating in a daily exercise program. It was not reported that health professionals were to teach the injured worker the proper use of the neck support pillow. Therefore, this request is not medically necessary.

Aquatherapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: The decision for aquatherapy 3x6 is not medically necessary. The California Medical Treatment Utilization Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits, and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. The rationale for the injured worker to do aquatic therapy was not reported. It was not reported that the injured worker had objective functional improvement from previous physical therapy sessions. Therefore, this request is not medically necessary.