

Case Number:	CM14-0183251		
Date Assigned:	11/10/2014	Date of Injury:	08/26/2013
Decision Date:	12/18/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 year 54 year old female who was injured on 8/26/2013. The diagnoses are lumbar radiculopathy, cervical pain, knee, right hip and myofascial pain. The patient completed acupuncture and physical therapy treatments. The 3/12/2014 MRI of the lumbar spine was normal. The magnetic resonance imaging (MRI) of the right hip showed mild peritendinitis of the gluteus minimus. On 9/22/2014, [REDACTED] noted subjective complaint of pain score of 5-7/10 on a scale of 0 to 10. The patient was able to perform full activities of daily living (ADL), do grocery shopping, household chores with utilization of the pain medications. There were objective findings of tenderness to palpation of the right hip and knees, limitation to range of motion to cervical spine and positive straight leg raising test. The medications are Tramadol ER and OTC ibuprofen for pain and Cyclobenzaprine for muscle spasm. The patient is also utilizing TENS unit. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for Additional Aquatic therapy three times four right hip, two times six lumbar spine and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aqua Therapy 3x4 for right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 22,46-47,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Hip and Pelvis.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that aquatic therapy can be utilized as part of physical therapy program when it is necessary to minimize the effect of gravity on the joints or lower body. Aquatic exercise programs are better tolerated in morbidly obese patients and when reduction of weight bearing to the joints is necessary during exercise. The records indicate that the patient completed physical therapy (PT) and aquatic exercise programs. The patient is able to full perform activities of daily living (ADL), do grocery shopping, do household chores and most routine physical activities without limitation. The criteria for additional aquatic therapy three times four to right hip were not met.

Additional Acupuncture 2x6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The California Medical Treatment Utilization Schedule MTUS and the Official Disability Guidelines (ODG) guidelines recommend that aquatic therapy can be utilized as part of physical therapy program when it is necessary to minimize the effect of gravity on the joints or lower body. Aquatic exercise programs are better tolerated in morbidly obese patients and when reduction of weight bearing to the joints is necessary during exercise. The records indicate that the patient completed physical therapy (PT) and aquatic exercise programs. The patient is able to full perform activities of daily living (ADL), do grocery shopping, do household chores and most routine physical activities without limitation. The criteria for additional aquatic therapy two times six to lumbar spine were not met.

Cyclobenzaprine 7.5 mg 1 po tid #90 dispensed: 9/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbation of musculoskeletal pain that did not respond to standard NSAIDs and PT treatments. The chronic use of muscle relaxants is associated with

the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended maximum 3 months limitation. The patient is physically active, had completed PT programs with significant beneficial effects and is able to complete activities of daily living (ADL) and household chores without limitation. The criteria for the use of Cyclobenzaprine 7.5mg po tid #90 dispensed 9/22/2014 was not met.