

Case Number:	CM14-0031745		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2002
Decision Date:	08/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 65-year-old female who reported an injury on 08/05/2002 to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back, right lower extremity, and shoulder. The injured worker's treatment history included acupuncture, chiropractic care, psychiatric support, physical therapy, and a TENS unit. It was also noted that the injured worker had previously had an adverse reaction to a Synvisc injection for the knee. The injured worker was evaluated on 02/21/2014. It was documented that the injured worker had 10/10 pain. Physical findings included limited range of motion of the cervical and lumbar spine, decreased sensation in the L5-S1 dermatomal distributions, and decreased deep tendon reflexes of the bilateral upper extremities and bilateral lower extremities. The injured worker's diagnoses included lumbago, lumbar and cervical disc displacement, disorders of the shoulder bursa, and unspecified knee internal derangement. The request was made for medications to include Ambien and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments.

Decision rationale: The requested Ambien 5 mg #15 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address insomnia related to chronic pain. Official Disability Guidelines recommend pharmacological intervention for short durations of treatment when the patient has failed nonpharmacological interventions. The clinical documentation does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological intervention. Additionally, the clinical documentation does not adequately address nonpharmacological measures that the patient has failed to respond to. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ambien 5 mg #15 is not medically necessary or appropriate.

Aquatic Therapy, 2 Times Per Week For 5 Weeks To The Lumbar Spine: 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 Page(s): 22.

Decision rationale: The requested aquatic therapy, 2 times per week for 5 weeks to the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of aquatic therapy for injured worker's who require a non weight bearing environment while participating in an active therapy program. The clinical documentation does not provide any evidence that the injured worker requires a non weight bearing environment and is unable to participate in a land based therapy program. As such, the requested aquatic therapy 2 times a week for 5 weeks to the lumbar spine is not medically necessary or appropriate.