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| Case Number: | CM14-0069856 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 10/13/2009 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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:

This is a female patient with a date of injury of October 13, 2009. A utilization review determination recommends denial of physical therapy with aquatic therapy 1 time a week for 4 weeks for the lumbar spine, the request was modified to 1 time a week for 2 weeks. A progress note dated April 30, 2014 identifies subjective complaints of a current pain level of 9/10, a pain level that has ranged from 5 - 9/10 over the past month, complaint of esophageal spasm possibly due to baclofen use per GI specialist, itching of the medial left foot, dyesthesia down lateral thighs to medial calves and feet. Current medications include MS Contin 30 mg three times a day for pain, Norco 10/325 one every four hours maximum of five a day, baclofen 10 mg which has been discontinued due to chest pain related to esophageal spasms, metaxalone 800 mg at bedtime and during the night, and protonix two per day. Physical examination identifies tenderness to palpation over the lumbosacral region and upper buttocks, lumbar flexion limited to 25 with pain elicited with return to neutral, lumbar extension limited to return to neutral, the patient is unable to perform lumbar lateral flexion and rotation, straight leg raise seated test is positive bilaterally, and there is hypoesthesia of entire right leg and foot. Diagnoses include failed back surgery syndrome, lumbar degenerative disc disease, myofascial pain syndrome, and chronic lumbar back pain. The treatment plan recommends continued use of heat, ice, rest, gentle stretching and exercise, the request for authorization for 4 visits of PT with aqua therapy, refill prescription for metaxalone 800mg BID #60, MS Contin 30 mg TID #90, Norco 10/325 every four hours #150, and bupropion 75 mg one in the afternoon #30, bupropion SR 150 mg one daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with aquatic therapy 1 time a week for 4 weeks for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy with aquatic therapy 1 time a week for 4 weeks for the lumbar spine, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication whether the patient has undergone physical therapy sessions in the past and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested physical therapy with aquatic therapy 1 time a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.