

Case Number:	CM14-0081617		
Date Assigned:	07/18/2014	Date of Injury:	10/18/1999
Decision Date:	08/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 58-year-old male who reported an injury on 10/18/1999. The mechanism of injury was noted as a fall and twists of his right leg and lower back. On 04/30/2014, the injured worker presented with pain in the lower back. Upon examination of the lumbosacral spine, the injured worker ambulated with the help of a cane to walk, but is able to walk without a cane. There was tenderness to palpation over the lumbosacral region and back range of motion was restricted due to pain and guarding of motion. There was a hyperextension of the lower back that caused radiating pain to the buttocks or posterior thigh region and decreased left-sided sensation to the L5-S1 nerve distribution. The diagnoses were postlaminectomy and discectomy of the L3-4 and L4-5, status post microdiscectomy L3-4 and L4-5, status post left total hip replacement, status post right total hip replacement, and status post revision of the right total hip arthroplasty. Previous treatments included surgery, physical therapy, and medications. The provider recommended aquatic therapy and diazepam. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, QTY: 12: Upheld

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

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

Decision rationale: The request for aquatic therapy (quantity of 12) is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy; aquatic therapy can minimize the effects of gravity, which is specifically recommended where reduced weight bearing is desirable (for example, extreme obesity). They recommend 10 visits of aquatic therapy for up to 4 weeks. There was a lack of documentation indicating that the injured worker was recommended for reduced weight bearing exercises. Additionally, the provider's request for 12 aquatic therapy visits exceeds the guideline recommendations. The provider's request did not indicate the site that aquatic therapy is intended for or the frequency of the visits within the request as submitted. As such, the request is not medically necessary.

Diazepam 10mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Diazepam 10 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term, because long-term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use for 4 weeks. There was a lack of documentation on whether diazepam is a continued or a new medication. The efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.