

Case Number:	CM13-0065225		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2007
Decision Date:	03/27/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of 2/26/07. A utilization review determination dated 11/26/13 recommends non-certification of aquatic therapy, Flexeril, and Ativan. A gym membership was modified to an initial 3-month membership. 10/21/13 medical report identifies pain in the neck, upper and lower back, and right shoulder, as well as sleep difficulties, anxiety and depression due to pain or loss of work, decreased muscle mass and strength, decreased energy levels, numbness and tingling. PT and acupuncture were temporarily helpful. Ativan "for pain," Flexeril, and tramadol were noted to be "helpful." On exam, there is right shoulder tenderness and limited ROM, C5, C6, C7, and C8 sensory and motor deficits on the right, cervical tenderness, distraction test positive on the right, limited cervical spine ROM, T1 sensory and motor deficits on the right, sensory and motor deficits of all lumbar dermatomes and myotomes as well as S1 and S2 bilaterally, SI tenderness bilaterally, and limited lumbar ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 1 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for Aquatic Therapy 1x6, 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. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than active participation in a land-based program such as independent home exercise. In the absence of such documentation, the currently requested Aquatic Therapy 1x6 are not medically necessary.

Gym membership (for pool and spa): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician would be overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Ativan 1mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Ativan, Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, it appears that the medication is being utilized for long-term treatment and there is no clear and specific documentation of functional improvement to support the request despite the CA MTUS recommendations against long-term use. In the absence of such documentation, the currently requested Ativan is not medically necessary.