

Case Number:	CM14-0128044		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2008
Decision Date:	07/03/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old male patient who sustained an industrial injury on 03/06/2008. A primary treating office visit dated 07/24/2012 reported subjective complaint of having a lot of muscle spasms and noted right leg weakness. He also reports having right sided abdominal pain. The low back pain that is radiating into the right leg associated with weakness. In addition, he complains of loss of appetite and sleep issues. Current medications are: Norco 10/325mg, Lidoderm, Diazepam, Nucynta, Prozac and Ibuprofen. He did undergo low back surgery in 2009. The following diagnoses are applied: low back pain; status post prior spinal fusion surgery 2009; depression and chronic pain syndrome. Of note, there was mention of denied spinal cord stimulator. The following continue with doctors' recommendation: undergo a functional restoration program, continue current medications, trial a SCS, utilizes a can for ambulation, and membership to a gym. A hospital progress note dated 07/15/2014 reported the patient admitted under the diagnosis chronic refractory axial lumbar, leg radicular pain, hardware removal, fusional exploration and lower thoracic laminotomy and permanent implant of spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Swim Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The patient is a 55 year old male with an injury on 03/06/2008. He has back pain radiating to his right leg despite a lumbar fusion with L4-L5 laminectomy. He had multiple courses of physical therapy visits and had implantation of a spinal cord stimulator for treatment of chronic pain. The recent request for swim therapy is a form of physical therapy. He is past the period of time for post surgery physical therapy and MTUS, Chronic Pain, Physical Medicine guidelines apply. He has already exceeded the 8 to 10 physical therapy visits for chronic pain and a request for an additional unknown number of swim therapy, physical therapy visits is not consistent with the guidelines. Therefore, the requested treatment is not medically necessary.

Unknown Prescription Of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 55 year old male with an injury on 03/06/2008. He has back pain radiating to his right leg despite a lumbar fusion with L4-L5 laminectomy. He had multiple courses of physical therapy visits and had implantation of a spinal cord stimulator for treatment of chronic pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested treatment is not medically necessary.

Unknown Prescription Of Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chronic.

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

Decision rationale: The patient is a 55 year old male with an injury on 03/06/2008. He has back pain radiating to his right leg despite a lumbar fusion with L4-L5 laminectomy. He had multiple courses of physical therapy visits and had implantation of a spinal cord stimulator for treatment of chronic pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental

and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not recommended. Therefore, the requested treatment is not medically necessary.