

Case Number:	CM14-0189084		
Date Assigned:	11/20/2014	Date of Injury:	03/15/2004
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 male who has a history of a work injury occurring on 03/15/04. He continues to be treated for ongoing radiating low back pain. The evaluation dated 06/24/14, noted the injured worker was having low back pain radiating into his legs rated at 5-6/10; and aching pain in the upper back rated at 5/10. Medications were Norco and tramadol. He was out of work. Physical examination findings included a slightly antalgic gait; thoracolumbar spine tenderness and restricted lumbar paraspinal muscle with decreased range of motion; tenderness over the buttocks; unable to perform a squat; and mild lateral sciatic notch stretch testing. Diagnoses included Grade II spondylolisthesis at L4-5 with pars interarticular defects and chronic back pain with intermittent left lower extremity radicular symptoms. The report references the injured worker as performing a daily home exercise program. Omeprazole was prescribed. On 07/22/14 he was seen for medication management. He was having low back pain and bilateral radiating leg symptoms. Physical examination findings included low back tenderness with straight leg raising producing back pain. Urine drug screen results were reviewed. Norco 10/325 mg #60 and tramadol 50 mg four times per day as needed were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 twice per day as needed, #100: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 68-71.

Decision rationale: The injured worker is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. He has Grade II L4-5 spondylolisthesis. Guidelines recommend an assessment of gastrointestinal (GI) symptoms and cardiovascular risk when non-steroidal anti-inflammatory drugs (NSAIDs) are used. In this case, the injured worker is not taking an oral NSAID. Therefore, this request is not medically necessary.

Massage physical therapy to the low back 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. He has Grade II L4-5 spondylolisthesis. Prior treatments include physical therapy with a home exercise program. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations. Therefore, this request is not medically necessary.

Aquatic therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 87

Decision rationale: The injured worker is more than 10 years status post work-related injury and continues to be treated for radiating low back pain. He has Grade II L4-5 spondylolisthesis. Prior treatments include physical therapy with a home exercise program. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the injured worker has been able to participate in land based physical therapy treatments with benefit and performs a home exercise program. Therefore, the requested pool therapy is not medically necessary.

