

Case Number:	CM14-0209581		
Date Assigned:	12/22/2014	Date of Injury:	11/01/2000
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, and is licensed to practice in New Jersey & New York. 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 54 year-old male who was injured on 11/01/2000 when he slipped and fell while hiking while fighting a fire. He felt a pop in his back, and felt immediate pain in his back radiating down his left leg. Diagnostic testing included an MRI, electrodiagnostic testing, and discography. He was diagnosed with lumbar disc disease, lumbar radiculopathy, chronic pain syndrome; status post left knee arthroscopy, and patellar chondromalacia. He had physical therapy, chiropractic treatment without significant improvement. He had bilateral L5-S1 laminotomy and discectomy on 12/30/03. He had initial improvement in pain but then worsened again. Low back injections gave him temporary pain relief. He had left knee arthroscopy in 2003 and 6/2005. In 8/2005, he had a temporary spinal stimulator lead placed which decreased his pain significantly. He had a permanent stimulator placed on 9/8/2005 with revision in 2014. He had pool therapy. He had Synvisc Injections with improvement in 2010. His medications included Dendracin cream, Norco, Skelaxin, and Prilosec. The current request is for Prilosec and aqua therapy which was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs NSAIDs, GI symptoms.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. There was no documentation of recent or continued NSAID use. There patient was said to have gastritis and GERD due to his oral medications which included Norco. Opioids are not normally the cause of gastritis and this should prompt further investigation. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Aquatherapy sessions 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate. There is no documentation that the patient had failed land-based therapy. He had multiple sessions of physical therapy. He should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Therefore, aquatic therapy is not medically necessary at this time.