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| Case Number: | CM15-0103230 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 08/30/1995 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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: Emergency Medicine

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 77 year old male who reported an industrial injury on 8/30/1995. His diagnoses, and/or impressions, are noted to include: lumbar disc degeneration with severe narrowing and lumbar radiculopathy; multi-level lumbar herniated nucleus pulposus with lumbar facet syndrome and radiculitis (per the 1/25/15 magnetic resonance imaging studies); osteoarthritis of the left shoulder, status-post surgery; and history of alcohol abuse but sober x 20 years. Recent magnetic imaging studies are stated to have been done on 1/25/2015, noting multi-level adverse findings. His treatments have included medication management, with some failed medications, and routine and consistent toxicology screenings; lumbosacral epidural steroid injection therapy - with limited response; a home exercise program; and rest from work as he is noted to be crippled and retired. The progress notes of 4/16/2015 reported a follow-up visit with complaints of radiating low back pain, with spasms, to the lower extremities, left > right, accompanied by numbness, aggravated by activities and significantly improved with medications. Objective findings were noted to include noted moderate distress; a slow gait with use of cane in order to ambulate; palpable lumbosacral spasms; moderate-severe painful and limited range-of-motion; and decreased strength in the lower extremities. The physician's requests for treatments were noted to include aqua therapy for the lumbar and sacral spine, and the continuation of Butrans Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 4 for the lumbar spine: Upheld

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

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

Decision rationale: The requested Aqua therapy 2 x 4 for the lumbar spine is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has radiating low back pain, with spasms, to the lower extremities, left greater than right, accompanied by numbness, aggravated by activities and significantly improved with medications. Objective findings were noted to include noted moderate distress; a slow gait with use of cane in order to ambulate; palpable lumbosacral spasms; moderate-severe painful and limited range-of-motion; and decreased strength in the lower extremities. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aqua therapy 2 x 4 for the lumbar spine is not medically necessary.

Butrans patch 10mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 27- 28, Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans patch 10mcg #4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has radiating low back pain, with spasms, to the lower extremities, left greater than right, accompanied by numbness, aggravated by activities and significantly improved with medications. Objective findings were noted to include noted moderate distress; a slow gait with use of cane in order to ambulate; palpable lumbosacral spasms; moderate-severe painful and limited range-of-motion; and decreased strength in the lower extremities. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans patch 10mcg #4 is not medically necessary.