

Case Number:	CM15-0104615		
Date Assigned:	06/09/2015	Date of Injury:	01/29/2001
Decision Date:	07/09/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 1/29/01. She reported pain in her lower back. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar sprain and post lumbar laminectomy syndrome. Treatment to date has included a transforaminal epidural injection in 1/2008 and oral medications including Tylenol #3 since at least 12/2010. On 4/2/15, the injured worker rated her pain 6-7/10 with medications with 4-8 hours of pain relief and 8-9/10 pain without medications. As of the PR2 dated 5/11/15, the injured worker reports increased lower back pain that radiates to the bilateral lower extremities. Objective findings include tenderness in the paraspinals with guarding, a positive straight leg raise test and decreased lumbar range of motion. The treating physician requested aquatic therapy x 8 sessions and Tylenol #3 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; eight (8) sessions (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 8 sessions (two times per week times four weeks) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are status post lumbar spine surgery times three; ALIF L5 - S1 (December 2006); discectomy L5 - S1 (May 2006); foraminotomy L4 - L5 January 2009. The documentation is handwritten and largely illegible. The most recent progress note in the medical record dated May 11, 2015. The injured worker is receiving Neurontin, Tylenol #3 and lidocaine patches. Subjectively, the documentation states aquatic therapy was denied. Objectively, there is tenderness palpation with positive straight leg raising. The remainder of the entry was illegible. There is no documentation in the medical record indicating why aquatic therapy is preferred over land-based therapy. It is unclear whether the injured worker received prior land-based physical therapy. There are no weight-bearing or reduced weight bearing issues discussed in the medical record. There are no requirements for minimization of the effects of gravity. Consequently, absent clinical documentation with a clinical indication and rationale for aquatic therapy, documentation of prior land physical therapy (if any) and objective functional improvement with prior land based or aquatic physical therapy, aquatic therapy 8 sessions (two times per week times four weeks) is not medically necessary.

Tylenol #3 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3 # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post lumbar spine surgery times three; ALIF L5 - S1 (December 2006); discectomy L5 - S1 (May 2006);

foraminotomy L4 - L5 January 2009. The documentation is handwritten and largely illegible. The most recent progress note in the medical record dated May 11, 2015. The injured worker is receiving Neurontin, Tylenol #3 and lidocaine patches. Subjectively, the documentation states aquatic therapy was denied. Objectively, there is tenderness palpation with positive straight leg raising. The remainder of the entry was illegible. The documentation in the medical record indicates Tylenol #3 was prescribed as far back as December 13, 2010. Other medications include Lidoderm patches, Neurontin and Ambien. The most recent progress note dated May 11, 2015 states Tylenol #3 is still prescribed by the treating provider. Subjectively there are no complaints listed in the subject of section of the record. Objectively, there is tenderness to palpitation with straight leg raising. The remainder of the documentation is illegible. There is no documentation indicating objective functional improvement. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of an attempt to wean opiate therapy. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing opiate therapy, risk assessments, detailed pain assessment and an attempt to wean opiate therapy over the approximate five-year period, Tylenol #3 # 90 is not medically necessary.