

Case Number:	CM15-0050951		
Date Assigned:	03/24/2015	Date of Injury:	05/23/1999
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 69-year-old female who sustained an industrial injury on 05/23/1999. Diagnoses include lumbar spine herniated nucleus pulposus, lumbar/lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, spondylolisthesis lumbosacral region, and lumbago, and status post anterior lateral lumbar interbody fusion and posterior instrumentation. Treatment to date has included aquatic therapy, 34 sessions of physical therapy, medications, and diagnostics. A physician progress note dated 02/18/2015 documents the injured worker complains of discomfort in her back, and feels pain in her right buttock and posterior thigh, and continues to have pain in both feet and they are cold and numb. She ambulates slow and without a limp, and there is no tenderness present. She complains of fatigue. It is documented the injured worker has regressed a little bit in terms of her back pain and decreased stamina. The physician feels she would benefit from aquatic therapy. Treatment requested is for Aquatic therapy: twelve (12) sessions (2x6), lumbar spine, Gabapentin TID #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: twelve (12) sessions (2x6), lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, aqua therapy.

Decision rationale: The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aqua therapy treatment. Therefore, the request is not medically necessary.

Gabapentin TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic medications Page(s): 16.

Decision rationale: The medical records do not support the presence of neuropathic pain with reported benefit by the medication. MTUS supports the use of gabapentin for neuropathic pain. Diagnoses include lumbar spine herniated nucleus pulposus, lumbar/lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, spondylolisthesis lumbosacral region, and lumbago, and status post anterior lateral lumbar interbody fusion and posterior instrumentation. As the medical records do not indicate a diagnosis of neuropathic pain, treatment with gabapentin is not supported. Therefore, the request is not medically necessary.