

Case Number:	CM15-0058219		
Date Assigned:	04/03/2015	Date of Injury:	02/17/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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 49-year-old male who sustained an industrial injury on 2/17/2011. His diagnoses, and/or impressions, include: lumbar disc degeneration, lumbar disc disease with right lumbar radiculopathy and deep vein thrombosis as a result of immobilization; status-post corrective lumbosacral surgery (9/17/12); rule-out high grade spondylolisthesis and persistent back pain and leg radiculopathies; cervical-6 radiculopathy; lumbar cyst; lumbosacral musculoligamentous strain; lumbar facet syndrome; and depressive disorder with anxiety. Lumbar computed tomography studies were stated to have been reviewed, that showed significant lumbosacral stenosis. His treatments have included therapy sessions that failed to strengthen his lumbar musculature; hydrotherapy for muscle strengthening; multiple lumbar surgical procedures; and medication management. The progress notes of 2/24/2015, shows lower back pain with some improvement in walking using a quad cane, and the recommendation to change to a single prong cane, as well as to do stationary home exercises to strengthen his muscles. The physician's requests for treatments included Duexis to replace Celebrex, and a stationary bike for muscle strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Duexis 800mg is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has back pain with some improvement in walking using a quad cane, and the recommendation to change to a single prong cane, as well as to do stationary home exercises to strengthen his muscles. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor the medical necessity for a compound medication. The criteria noted above not having been met, Duexis 800mg is not medically necessary.

1 stationary bike: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47.

Decision rationale: The requested stationary bike is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, Exercise, Pages 46-47, note the importance of exercise as part of a rehab program. The injured worker has back pain with some improvement in walking using a quad cane, and the recommendation to change to a single prong cane, as well as to do stationary home exercises to strengthen his muscles. The treating physician has not documented the medical necessity for this piece of exercise equipment. The criteria noted above not having been met, stationary bike is not medically necessary.

24 sessions of hydrotherapy: Upheld

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

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

Decision rationale: The requested 24 sessions of hydrotherapy, 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 back pain with some improvement in walking using a quad cane, and the recommendation to change to a single prong cane, as well as to do stationary home exercises to strengthen his muscles. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, 24 sessions of hydrotherapy is not medically necessary.