

Case Number:	CM14-0163514		
Date Assigned:	10/08/2014	Date of Injury:	11/07/1986
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 72 year old female who was injured on 11/07/1986. The mechanism of injury is unknown. Prior medication history as of 09/03/2013 included Ranitidine 150 mg, Valium 5 mg, Lidoderm 5%, Duragesic 25 mcg, Duragesic 25 mcg, Aciphex 20 mg, Norco 10/325 mg, Tramadol 50 mg, Compazine 10 mg, Premarin, Metformin, atenolol and vitamin D. The injured worker has been taking Valium 5 mg for her anxiety as of 12/19/2013. He has used a TENS unit in the past with benefit. Encounter note dated 09/08/2014 states the injured worker presented with low back pain which he rated as a 7/10 and increases to 9/10 with activity. She also reported numbness in bilateral lower extremity as well as tingling in bilateral lower extremities. There is stiffness and spasm noted in the low back. Her pain limits his functional ability to perform activities of daily living such as housekeeping, shopping, driving, cooking and yard work. She reported to have continued depression. On exam, he has an antalgic gait favoring the right and a forward flexed body posture. She has joint swelling noted over the knee of bilateral lower extremities. She is diagnosed with opioid dependence, displacement of lumbar intervertebral disc without myelopathy; chronic pain syndrome; arthropathy of the hand joint; anxiety state; lumber intervertebral disc degeneration; depressive disorder; and lumbosacral neuritis. The injured worker was recommended for physical therapy, aquatic therapy and an orthopedic referral. Prior utilization review dated 09/17/2014 states the request for Valium 5mg #30 is not certified and weaning is recommended; Aquatic Therapy x 8 sessions for the lumbar spine is not certified as it is not indicated; Physical Therapy x 3 sessions for lumbar traction is not certified is not recommended due to lack of documented evidence to support the request; and orthopedic referral is not certified as there is no indication for another consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding Valium; the guidelines stated that it is classified as a benzodiazepine. Guidelines not recommended for long-term use because long-term-efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. Weaning is recommended if this medication was used greater than 2 weeks. Tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks. Benzodiazepines are effective for acute treatment. This drug has no antidepressant effect. Continued use of this medication is not medically indicated. The injured worker has been taking this medication for much longer than the recommended time period of 4 weeks. The provider noted that this medication is used approximately once per month for muscle spasm. There does not appear to be a reason for #30 tablets for the month when the injured worker was only taking it once per month. As the injured worker had only been taking 1 tablet per month, there is no risk of withdrawal and therefore no need to wean this medication. Therefore the medical necessity has not been established based on guidelines. The request for Valium 5mg #30 is not medically necessary.

Aquatic Therapy x 8 sessions for the lumbar spine: 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 Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: Regarding aquatic therapy, the Official Disability Guidelines (ODG) state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aqua therapy can minimize the effects of gravity when reduced weight bearing is desirable. For patients with subacute or chronic low back pain, a trial of aqua therapy is recommended for treatment. Frequency and duration begin with 3 to 4 visits per week. The patient must have demonstrated evidence of functional improvement within the first 1 weeks to justify additional visits. The program should include up to 4 weeks of aquatic therapy with progression towards a land based, self-directed physical activity by 6 weeks. The request for aqua therapy does not appear warranted. The injured worker has already completed a round of aqua therapy, meeting the recommended frequency and duration. At the 6/10/14 office visit, the injured worker declined further supervised aqua therapy in favor for private pool sessions where she could work on exercises herself. There also appears to be little significant functional

improvement due to previous aqua therapy sessions. Based upon these reasons, the medical necessity for 8 aquatic therapy sessions for the lumbar spine has not been established; therefore, the request for Aquatic Therapy x 8 sessions for the lumbar spine is not medically necessary.

Physical Therapy x 3 sessions for lumbar traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding physical therapy sessions for lumbar traction, Official Disability Guidelines (ODG) state that "traction has not been proved effective for lasting relief in treating low back pain." Based evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Traction is not recommended for the treatment of acute, subacute, chronic low back pain or radicular pain syndromes. The request for physical therapy sessions for lumbar traction is not recommended. Traction to alleviate low back complaints such as acute, subacute, chronic, or radicular pain syndromes has not been proved to be effecting for lasting relief. Based upon lack of efficacy, the request for 3 physical therapy sessions for lumbar traction is not medically necessary.

Orthopedic referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations and Consultations

Decision rationale: Regarding the request for an orthopedic referral, the ACOEM guidelines were referenced. If knee symptoms persist beyond four weeks, referral for specialty care may be indicated. The absence of red flag conditions rules out the need for -pedal studies, referral, or inpatient care during the first four to six weeks, which spontaneous recovery is expected. Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of an exercise programs to increase range of motion and strength around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. At this time, the request for an orthopedic referral is not necessary. The injured worker has had various orthopedic consultations, at which knee injections have been recommended. However, it appears the knee injections have not been able to be carried out. Another consultation does not appear necessary, as this condition of increased knee swelling and pain was noted on the most recent progress report. There has not been the recommended four weeks of persistent or worsening symptoms and failed conservative measures recommended by the guidelines to make a referral necessary. Based upon this, the request for orthopedic referral is not medically necessary.

