

Case Number:	CM14-0150912		
Date Assigned:	09/19/2014	Date of Injury:	09/24/2004
Decision Date:	05/28/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female, who sustained an industrial injury on 9/24/2004. She reported a back injury following a motor vehicle accident. The injured worker was diagnosed as having obesity, psychalgia, depressive disorder, osteoarthritis of the knee, and chronic pain syndrome. Treatment to date has included diagnostics, multiple spinal surgeries, physical therapy, aqua therapy, and medications. Currently, the injured worker complains of increased pain since last session of aqua therapy in the morning. Body mass index (8/05/2015) was 37.7%. Medication use included Gabapentin, Norco, Oxycodone, and Valium. She was ambulatory with a walker and work status was temporarily disabled. Additional sessions of aqua therapy were requested (x6). It was not clear how many aqua therapy sessions were attended and progress reports were not submitted for review (initial assessment on 5/29/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 93, 98, 340.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22.

Decision rationale: Aqua therapy is in question for this injured worker for chronic pain. Per the guidelines, 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, as in extreme obesity. In this case, the records do not justify why aqua therapy is indicated over a course of land based therapy and the aqua therapy is therefore not medically substantiated.

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.