

Case Number:	CM14-0211234		
Date Assigned:	12/24/2014	Date of Injury:	09/06/2012
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 42 year old male with an injury date of 09/06/12. The 10/30/14 progress report states that the patient presents with lower back pain rated 7/10 that mostly radiates to the right gluteal region up to the right knee. The reports do not state if the patient is working. The treater notes the patient is positive for anxiety and depression. Examination reveals spasms in the lumbar paraspinal muscles with tenderness at the right posterior superior iliac spine. Patrick's test is positive on the right. The patient's diagnoses include:1. Lower back pain2. Sacroiliitis3. Facetal pain4. Lumbar degenerative disc diseaseThe report cites the 06/19/13 QME report's recommendations of physical therapy, psychology treatment and short term use of anti-inflammatories and muscle relaxants. Current medications are listed as Naproxen Sodium for pain and inflammation and Nortriptyline for neuropathic pain. The utilization review is dated 12/08/14. Reports were provided for review from 03/26/14 to 12/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with lower back pain rated 7/10 that radiates to the right gluteal region to the right knee. The current request is for Naproxen sodium 550mg #60 per the RFA of 10/03/14. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " It is unclear from the reports provided how long the patient has been prescribed this medication. Only 2 progress reports are provided. The 09/23/14 report states the patient is prescribed anti-inflammatory medications. The 10/30/14 report states that current medications help the patient's pain and that this medication is for pain and inflammation and to improve function. In this case, the request is indicated as a first line treatment for the pain that is documented for this patient, and the treater states it is helpful. The request IS medically necessary.

18 aquatic physical therapy sessions: 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; Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with lower back pain rated 7/10 that radiates to the right gluteal region to the right knee. The current request is for 18 aquatic physical therapy sessions per 10/30/14 report and 10/03/14 RFA. The RFA states this request is for 16-18 sessions of therapy and the 12/08/14 utilization review modified this request to 6 sessions for an initial trial. MTUS page 22 states that, "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 MTUS non-postsurgical guidelines pages 98, 99, states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The 10/30/14 report states, "I am requesting....sessions of aquatic therapy for flexibility, stretching and strengthening exercises. Patient tried land based exercises in the past and does home exercises." The utilization review discussed severe obesity and a BMI for this patient of 37. Examination shows the patient's weight is 234 pounds, but does not provide height. In this case, the reports provided do not explain why land based therapy and the home exercise program mentioned are inadequate. Furthermore, the requested indeterminate 16-18 sessions exceed what is allowed per MTUS. The request is not medically necessary.