

Case Number:	CM14-0072722		
Date Assigned:	07/16/2014	Date of Injury:	08/11/2009
Decision Date:	05/27/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on August 11, 2009. The injured worker has been treated for low back and left knee complaints. The diagnoses have included lumbosacral radiculopathy, chronic myofascial pain syndrome of the thoracolumbar spine, one episode of hematemesis and depression. Treatment to date has included medications, radiological studies, trigger point injections, electrodiagnostic studies and left knee surgery. Current documentation dated February 28, 2014 notes that the injured worker reported low back pain and left knee pain. He also noted depression and difficulty with sleeping. Examination of the lumbar spine revealed tenderness, trigger points and taut band throughout the thoracic and lumbar paravertebral muscles, as well as the gluteal muscles. Range of motion was noted to be restricted in all planes. Limited range of motion was also noted in the left hip. The treating physician's plan of care included a request for the medication Prozac 20 mg # 120 and for aquatic therapy exercises # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Prozac 20mg, #120 for 8 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, one prescription Prozac 20 mg #120 for eight weeks is not medically necessary. Prozac is a selective serotonin reuptake inhibitor class of antidepressants. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed. In this case, the injured worker's working diagnoses are depression; status post total left knee replacement; one episode upper G.I. bleeding due to erosion (NSAID); moderate left L5 radiculopathy; and chronic myofascial pain syndrome. The request for authorization is dated April 22, 2014. A progress note dated July 19, 2013 shows the injured worker is taking Prozac 20 mg at that time. The injured worker has been on Prozac through and including the date of authorization April 22, 2014. The injured worker rated his depression. The depression was 7/10 on July 19, 2013. On November 14, 2013, the depression was rated 6/10. On the most recent progress note dated February 28, 2014, the depression was rated 7/10. The injured worker stated depression and anxiety were impacting his activities of daily living (ADLs). The injured worker was taking Prozac 20mg in excess of nine months. There is no documentation evidencing objective functional improvement with ongoing Prozac use. As noted in the medical record, the scores for depression were persistently elevated at 7/10; 6/10; and 7/10 (on the February 28, 2014 progress note). Consequently, absent clinical documentation with objective evidence of functional improvement with long-term Prozac 20 mg, one prescription Prozac 20 mg #120 for eight weeks is not medically necessary.

Twelve (12) Aquatic Therapy Exercises: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 78, 93, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 aquatic therapy exercises are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are depression; status post total left knee replacement; one episode upper G.I. bleeding due to erosion (NSAID); moderate left L5 radiculopathy; and chronic myofascial pain syndrome. The request for authorization is dated April 22, 2014. The documentation in the medical record

shows a request for aquatic therapy was submitted in January 2014. The documentation does not reflect a denial or certification of the aquatic therapy request. There was no documentation with aquatic therapy progress notes or objective functional improvement. A subsequent aquatic therapy request was placed on April 22, 2014. The progress note dated February 28, 2014 contains a section regarding the indication for trigger point injections. The treating provider stated medications and physical therapy failed to control pain. Aquatic therapy is an alternative to land-based therapy. There are no physical therapy progress notes or documentation evidencing objective functional improvement with prior physical therapy. There is no documentation in the medical record reflecting reduced weight-bearing is desirable. There are no compelling clinical facts in the medical record indicating additional physical therapy (or aquatic therapy) is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy and/or prior aquatic therapy), a clinical rationale for reduced weight bearing and water-based therapy and the areas to be treated, 12 aquatic therapy exercises are not medically necessary.