

Case Number:	CM15-0016402		
Date Assigned:	02/04/2015	Date of Injury:	11/29/2007
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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 40 year old male, who sustained an industrial injury on November 29, 2007. He has reported low back pain with radiating pain to the left lower extremity and foot as well as right knee and hip pain. The diagnoses have included lumbar disc herniation, spinal stenosis and degenerative joint disease of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, chiropractic care, acupuncture, aqua therapy, conservative therapies, pain medications and work restrictions. Currently, the IW complains of reported low back pain with radiating pain to the left lower extremity and foot as well as right knee and hip pain. The injured worker reported low back pain with radiating pain to the left lower extremity and foot as well as right knee and hip pain after an industrial injury in 2007. He has been treated with multiple conservative therapies including all the above listed therapies. He noted subjective improvement with the listed therapies with exception of acupuncture which was noted to provide no benefit. On June 2, 2014, evaluation revealed continued chronic pain. He noted a 3 week pain relief with the last steroid injection. On January 14, 2015, evaluation revealed continued, chronic, severe pain. On January 20, 2015, Utilization Review non-certified a request for aqua therapy, a right knee brace, menthoderm ointment #120 and Eszopiclone 3mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of requested aqua therapy, a right knee brace, menthoderm ointment #120 and Eszopiclone 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine, 3x6, QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aqua Therapy Page(s): 98-99 and 22.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed an unknown number prior sessions with no noted improvement. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Aqua therapy is recommended if patient cannot tolerate land based therapy. There is no documentation as to why patient cannot tolerate standard land based physical therapy despite patient completing multiple regular PT sessions. Additional Physical Therapy and/or Aqua Therapy is not medically necessary.

Purchase of knee brace x1 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Walking Aids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. There is also no note why a brace was requested, what type of brace is required and if a functional rehabilitation program is involved. There is not enough documentation to support medical necessity therefore the R knee brace is not medically necessary.

Retrospective request for Eszopicolone 3mg #30, provided on date of service: 01/14/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eszopicolone (Lunesta); Pain Chapter, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic)

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no documented improvement or conservative measures attempted. Chronic use of Eszopiclone is not medically necessary.

Retrospective request for Methoderm Ointment #120, provided on date of service: 01/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Methoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. Pt has chronic pains especially in the back and knee with no documented improvement. MTUS recommends short term(4-12 weeks) while the patient has reportedly been using this for much longer time period. The long term continued use of Methoderm is not medically necessary.