

Case Number:	CM15-0064417		
Date Assigned:	04/10/2015	Date of Injury:	01/30/2007
Decision Date:	06/09/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male injured worker suffered an industrial injury on 01/30/2007. The mechanism of injury was moving carpet. The diagnoses included cervical spine strain, lumbar strain and osteoarthritis of the knee. The injured worker had been treated with medications, physical medicine treatment, home exercise program, multiple diagnostic studies, including MRIs of the lumbar spine. On 11/16/2014 the treating provider reported the pain persisted. The treatment plan included Aqua therapy, MRI lumbar spine, Percocet, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2-3 times a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to provide documentation for a necessity for reduced weight bearing. The request for 12 to 18 sessions would be excessive without re-evaluation. There was a lack of documentation of objective findings upon examination. There was a lack of documentation of objective functional deficits. Given the above, the request for aqua therapy 2-3 times a week for 6 weeks, lumbar spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic- MRI's (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is indicated when there is a significant change in symptomatology or a significant finding suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone MRIs of the lumbar spine. There was a lack of documentation indicating there was a significant change in symptomatology or a significant change in objective findings. Given the above, the request for MRI lumbar spine is not medically necessary.

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Percocet 10/325 mg is not medically necessary.

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker had dyspepsia or was at intermediate or high risk for gastrointestinal events. The rationale for the medication was not provided. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Protonix 20 mg is not medically necessary.