

Case Number:	CM15-0073009		
Date Assigned:	04/23/2015	Date of Injury:	09/01/2009
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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 50 year old male, who sustained an industrial injury on 9/1/09. Initial complaints are not noted. The injured worker was diagnosed as having status post lumbar fusion; lumbar spondylosis; other symptoms referable to back. Treatment to date has included physical therapy; Home Exercise Program; lumbar brace and cane; status post left transforaminal lumbar interbody fusion L4-S1 (3/18/13); status post revision right-sided Laminoforaminotomy/microdiscectomy L5-S1 (3/19/14); medications. Diagnostics included: MRI lumbar spine (11/12/13); x-rays lumbar spine (9/26/14 and 12/23/14); CT scan lumbar spine (12/23/14); MRI thoracic/lumbar spine (2/6/15). Currently, the PR-2 notes dated 12/5/14 are hand written and indicate the injured worker complains of low back pain that radiates to the bilateral legs. Aquatic therapy is not helping. The lumbar examination notes tenderness in the paraspinal with decreased flexion and extension. He ambulates with a cane and is a status post revision right-sided Laminoforaminotomy/microdiscectomy L5-S1 on 3/19/14. The treatment on this date was to continue home exercise program daily with stretching and switch Aqua therapy to land therapy. He also requested updates to the CT and MRI scans of the lumbosacral spine along with medication refill of Norco and Diazepam. The provider has requested Additional Aqua Therapy, 12 sessions, Lumbar Spine and Valium 5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aqua Therapy, 12 sessions, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested Additional Aqua Therapy, 12 sessions, Lumbar Spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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, for example extreme obesity. The injured worker has low back pain that radiates to the bilateral legs. Aquatic therapy is not helping. The lumbar examination notes tenderness in the paraspinal with decreased flexion and extension. He ambulates with a cane and is a status post revision right-sided Laminoforaminotomy/microdiscectomy L5-S1 on 3/19/14. The treatment on this date was to continue home exercise program daily with stretching and switch Aqua therapy to land therapy. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Additional Aqua Therapy, 12 sessions, Lumbar Spine is not medically necessary.

Valium 5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Valium 5 mg Qty 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence."The injured worker has low back pain that radiates to the bilateral legs. Aquatic therapy is not helping. The lumbar examination notes tenderness in the paraspinal with decreased flexion and extension. He ambulates with a cane and is a status post revision right-sided Laminoforaminotomy/microdiscectomy L5-S1 on 3/19/14. The treatment on this date was to continue home exercise program daily with stretching and switch Aqua therapy to land therapy. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 5 mg Qty 60 is not medically necessary.