

Case Number:	CM15-0079594		
Date Assigned:	04/30/2015	Date of Injury:	12/19/2013
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/25/2015

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, 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 a 29 year old female who sustained an industrial injury on 12/19/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having refractory low back and right sacroiliac pain. Treatments to date have included injections, radiofrequency ablation, benzodiazepines, acupuncture treatment, chiropractic treatments, and rhizotomy. Currently, the injured worker complains of discomfort in the neck, back and sacroiliac joint. The plan of care was for medication prescriptions and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #75 x 6 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg #75 times 6 weeks is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are refractory low back pain and right SI pain, largely myofascial but with essentially an unknown etiology; history of anxiety and depressive disorder currently manifesting the panic attacks, anxiety attacks and uncontrollable hyperventilation associated with pain. There has been no relief from SI radiofrequency ablation. The treatment plan has a request for Xanax 0.5 mg #75 for six weeks. Xanax is not recommended for long-term use (longer than two weeks). The injured worker has a mental health provider and, according to the documentation, parents will keep this medication and dispense. It is unclear whether and what other medications are prescribed by the mental health provider. These medications are not enumerated in the progress note. Consequently, absent compelling clinical documentation with guideline non-recommendations for Xanax's long-term use (longer than two weeks), Xanax 0.5 mg #75 times 6 weeks is not medically necessary.

12 Sessions aquatic therapy (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

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 sessions aquatic therapy two times per week times six weeks to the lumbar spine is 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 refractory low back pain and right SI pain, largely myofascial but with essentially an unknown etiology.; history of anxiety and depressive disorder currently manifesting the panic attacks, anxiety attacks and uncontrollable hyperventilation associated with pain. There has been no relief from SI radiofrequency ablation. Documentation according to a February 11, 2015 progress note states the injured worker received physical therapy three times per week times three months. There were no physical therapy progress notes in the medical record. There was no documentation of objective functional improvement with ongoing physical therapy. The treatment plan in the progress note dated April 1, 2015 shows the treating provider is requesting pool therapy two times a week for six weeks. There is no clinical rationale in the medical record for pool therapy (aquatic therapy). There is no documentation in the medical record indicating a minimization of gravity (weight bearing) is specifically recommended. Consequently, absent clinical documentation with objective functional improvement of physical therapy, physical therapy

progress notes and a clinical indication and rationale for pool therapy, 12 sessions aquatic therapy two times per week times six weeks to the lumbar spine is not medically necessary.