

Case Number:	CM14-0148503		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2007
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 9, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy and likewise denied a request for Xanax. The applicant's attorney subsequently appealed. In an August 21, 2014, progress note, the applicant reported persistent complaints of shoulder and back pain. Twelve sessions of aquatic therapy were sought. Naprosyn, Neurontin, Norco, Protonix, Soma, and Xanax were endorsed. The applicant was reportedly permanent and stationary with a 20-pound lifting limitation in place, it was stated. Xanax was endorsed for anxiety purposes. The applicant's gait, height, weight, and her BMI were not outlined. In an earlier note dated July 3, 2014, the applicant again presented with persistent complaints of low back pain. A 20-pound lifting limitation was renewed. Voltaren Gel was endorsed. The applicant's complete medication list was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY AQUATIC THERAPY THREE TIMES A WEEK FOR FOUR WEEKS, LUMBAR SPINE QUANTITY : 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, as, for instance, with extreme obesity, in this case, however, there was no mention of reduced weightbearing being desirable here. There is no mention that the applicant is having any issues with gait derangement. There is no mention of issues associated with obesity preventing weightbearing. The applicant's height, weight, and BMI were not reported on any of the progress notes referenced above. Therefore, the request is not medically necessary.

XANAX 0.25 MG FOR DATE OF SERVICE 8/21/14 QUANTITY : 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider was intent on employing Xanax for chronic, long-term, and scheduled use purposes, as was implied by the 60-tablet supply of Xanax endorsed. There was no mention of any overwhelming symptoms with anxiety or panic attacks evident on the date of service, August 21, 2014. Therefore, the request was not medically necessary.