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| Case Number: | CM13-0048827 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/16/2012 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 Family Practice, 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:

47 yr. old female claimant sustained a work injury on 2/16/12 involving the low back. He was diagnosed with lumbar radiculopathy and lumbar strain. She had performed home exercises. She had used Norco for pain relief. A progress note on 9/25/13 indicated the claimant had received epidural steroid injections. She had completed 8 aquatic therapy sessions with benefit. Exam findings were notable for lumbar tenderness in the paraspinal region. Strength was 4/5 in the quadriceps. An MRI of the lumbar spine on 12/4/13 showed a herniated nucleus pulposus. The physician requested a 1 yr. gym membership to continue pool therapy. In addition Zolpidem was given and a follow-up in 6 weeks. A progress note on 12/30/13 indicated the claimant had similar symptoms an exam findings. The Zolpidem was continued along with the repeat request for a gym membership and a follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medication

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. The claimant had been on Zolpidem for months. There is an increased association with death and prolonged use of the medication. Continued use of Zolpidem is not medically necessary.

One (1) year pool & gym membership: 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), Pain (Chronic)

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

Decision rationale: 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 length of treatment recommended is up to 8 sessions. In this case, there is no indication of inability to perform land-based exercises. The amount requested (1 yr.) exceeds the amount suggested by the guidelines. The request above is not medically necessary.

One (1) follow up visit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), follow-up visit.

Decision rationale: According to the guidelines, follow-up visits are recommended as necessary. Since the claimant had persistent pain, need for medical management and intervention, the request is appropriate.