

<b>Case Number:</b>	CM13-0022860		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/01/2006
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66 year-old female with a 1/1/2006 industrial injury claim. She has been diagnosed with sprain of the neck; sprain of lumbar region; shoulder disorder NEC; elbow tendinitis/bursitis; wrist tendinitis/bursitis. The IMR application shows a dispute with the 8/5/13 Utilization Review (UR) decision on a cervical traction unit, a home interferential unit and aquatic therapy x10. According to the 8/6/13 report from [REDACTED], the patient is not a surgical candidate, and presents with a flare-up of neck and back pain from performing land-based exercises. He requested aquatic therapy x10 for the decreased weight-bearing on the lower back. He requested a cervical traction unit and interferential unit that the patient could use at home to help reduce muscle tension and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL TRACTION UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK CHAPTER FOR TRACTION.

**Decision rationale:** The patient presents with a flare up of neck, back and upper extremity pain. The physician has recommended a cervical traction unit. A trial of cervical traction is indicated, however, there is no indication that the patient has had a trial of the cervical traction unit prior to the request for purchase. The purchase of the cervical traction unit does not appear to be in accordance with the MTUS/ACOEM recommendations and therefore, is not medically necessary.

**HOME INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL STIMULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, INTERFERENTIAL CURRENT STIMULATION (ICS). Page(s): 114-121.

**Decision rationale:** The patient presents with a flare up of neck, back and upper extremity pain. The physician has recommended an interferential unit. There is no mention that the patient's pain medications are not effective, or there are side effects of medications or substance abuse history, or post-operative conditions, and the patient was reported to have good response with conservative care/aquatic therapy. The request is not in accordance with MTUS guidelines, and therefore is not medically necessary.

**AQUATHERAPY X10 SESSIONS FOR THE LOW BACK:** Overturned

**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, PHYSICAL MEDICINE Page(s): 22,98-99.

**Decision rationale:** The patient presents with a flare up of neck, back and upper extremity pain from attempting land-based exercise. The physician has recommended aquatic therapy x 10. In the Physical medicine section, MTUS states 8-10 sessions may be used for various myalgias or neuralgias. The request for 10 sessions of aquatic therapy for the recent flare-up appears to be in accordance with MTUS guidelines and therefore is deemed to be medically necessary.