

Case Number:	CM13-0025939		
Date Assigned:	11/22/2013	Date of Injury:	09/06/2009
Decision Date:	02/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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.

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 50-year-old female who reported an injury on 09/06/2009. The patient is currently diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulges, right shoulder strain, left shoulder strain, bilateral elbow strain, bilateral wrist and hand strain, bilateral hip strain, bilateral knee strain, bilateral ankle sprain, and other problems unrelated to current evaluation. The patient was seen by [REDACTED] on 05/13/2013. The patient reported ongoing pain. Physical examination revealed positive Kemp's testing and straight leg raising bilaterally, and positive foraminal compression testing bilaterally. Treatment recommendations included shock wave therapy, aquatic therapy, and consultations with neurology, psyche, urology and gynecology.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua therapy sessions 2 times 6: Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended

where reduced weight bearing is desirable, for example, extreme obesity. As per the clinical notes submitted, the patient has previously participated in physical therapy and aquatic therapy. Documentation of the previous course of treatment was not provided for review. There was also no indication of the need for reduced weight bearing. Based on the clinical information received, the request is noncertified.

1 pain medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As for the clinical note submitted, the pain management consultation was requested for management of pain medication. There does not appear to be significant physical examination findings with suspicion for underlying tissue pathology, nor evidence of pain behaviors. The medical necessity for the requested consultation has not been established. Therefore, the request is noncertified

1 gynecology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program. An evidence base practice guideline for the treatment of primary dysmenorrhea. Austin (TX): University of Texas at Austin, School of Nursing, 2010, 16 p.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The records indicate that the provider is requesting the consultation for the evaluation of dysmenorrhea. However, there are no recent subjective or objective findings related to dysmenorrhea. Furthermore, it was documented in an agreed medical re-evaluation by [REDACTED] on 04/17/2013; the patient's menstrual cycle had gone back to normal. The medical necessity for the requested consultation has not been established. Therefore, the request is noncertified

Neurology follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The records indicate that the provider is requesting a follow-up neurology visit for the evaluation of headaches. However, there is no evidence of subjective complaints of headaches or headache symptomatology. Due to the lack of objective findings related to a headache condition, the lack of a diagnosis regarding chronic headache or migraines, the lack of use of any headache or migraine medication, the medical necessity for the requested consultation has not been established. Therefore, the request is noncertified