

Case Number:	CM13-0056567		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2011
Decision Date:	06/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopaedic Surgery has a subspecialty in Hand Surgery 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 records presented for review indicate the date of injury as December of 2011, the mechanism of injury, and that a previous surgery to include disc replacement and fusion occurred in January of 2013. Postoperative physical therapy has been completed. Multiple pain management interventions have been attempted. There are no recent plain films to suggest compromise of the surgical intervention. There is a noted non medical necessity of aquatic therapy and a modified request for a psychiatric evaluation is supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY, REQUESTED 10/09/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 22.

Decision rationale: 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. Water exercise improved some components of health-

related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. However, noting the surgery, the treatment subsequent to the surgery, the relative lack of any noted efficacy, there is little data presented to suggest that this would be clinically indicated. Therefore, based on the review of the submitted documents the request for Aquatic Therapy is not medically necessary.

EVALUATION AND TREATMENT WITH A PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS MTUS American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 101.

Decision rationale: When considering the date of injury, the injury sustained, the multiple interventions, the lack of improvement subsequent to the interventions and the requirement for chronic opioid medications, such an evaluation would be necessary to establish an appropriate treatment plan. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested. The request for Psychiatric Evaluation is medically necessary.

COMPUTED TOPOGRAPHY (CT) MYELOGRAM OF THE LUMBER SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: The criteria for such a study would include having a clinical indication to pursue such a request. Noting the surgery completed and the lack of any plain films to establish any untoward results secondary to the surgery completed. Therefore, based on guidelines and a review of the documentations, the request for Computed Tomography is not medically necessary.