

Case Number:	CM13-0063131		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2010
Decision Date:	04/14/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 10/02/2010. The mechanism of injury was not provided in the medical records. She is diagnosed with chronic pain syndrome and lumbar radiculopathy. Her symptoms are noted to include low back pain. A 09/06/2013 progress report indicated that the patient had a total of 24 sessions of physical therapy and found it beneficial. An 11/12/2013 note indicated that the patient was doing well since her reconstruction of her lumbar spine approximately 10 months ago. It was noted that her main complaint was some tightness in her lower back. A recommendation was made for aquatic therapy and deep tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY (12 SESSIONS): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines aquatic therapy may be recommended as an alternative to land-based therapy when documentation indicates that reduced

weightbearing is desired, for example, with extreme obesity. The recommendations on the number of visits refers back to physical medicine, which indicates that physical therapy is recommended at 8 to 10 visits over 4 weeks in the treatment of unspecified neuralgia, neuritis, and radiculitis. As the clinical information submitted for review indicated that the patient completed 24 sessions of land-based physical therapy with benefit, it is unclear why the patient requires aquatic therapy at this time. The documentation does not provide specific details regarding the patient's need for reduced weightbearing exercise. Additionally, as the patient was already noted to have completed 24 visits of physical therapy recently, the request for further visits is not supported. For these reasons, the requested service is non-certified.

DEEP TISSUE MASSAGE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: According to the California MTUS Guidelines massage therapy may be recommended as an adjunct to a therapeutic exercise program, but treatment is not recommended at more than 4 to 6 visits in most cases. As the request for aquatic therapy was non-certified and the documentation provided failed to indicate whether the patient was involved in a home exercise program, and as massage is only recommended as an adjunct to a therapeutic exercise program, it is not supported. Additionally, as the request is for deep tissue massage twice a week for 6 weeks and the guidelines limit massage treatments to 4 to 6 visits, the request far exceeds the guideline recommendation. For these reasons, the requested service is non-certified.