

<b>Case Number:</b>	CM13-0072445		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 injured worker is a 47 year old male who reported a neck injury on 01/02/2006. Within the clinical note dated 10/08/2013 the injured worker reported significant depression and erectile dysfunction. In addition, the claimant reported he completed six weeks of physical therapy and his pain medication was reduced to utilizing only NSAIDs. The claimant reported constant pain to his low back rated 4-5/10 and increased with any activity. The physical exam reported positive orthopedic tests for low back pain with deep tendon reflexes intact. The request for authorization was not found within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE AQUA THERAPY SESSIONS TWICE A WEEK FOR SIX WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** The California MTUS guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 8-10 visits over 4 weeks. In addition, there overall goal of physical therapy is to restore functional deficits. In this case, the claimant had already completed

over twelve sessions of therapy and within the physical exam and there was not documented functional deficit. The request for twelve aqua therapy sessions, twice a week for six weeks is not medically necessary and appropriate.

**ONGOING CARE WITH PSYCHIATRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The California MTUS guidelines suggest an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. Within the submitted documentation there was a lack of documentation of the claimant's overall progress in relation to functional improvement. It was unclear if the injured worker had been under the care of a psychiatrist already. Moreover, there has to be a documented benefit reported and was not located within the submitted documentation. In addition, the request does not specify the number of sessions or the duration of the treatment. Therefore, the request for ongoing care with a psychiatrist is not medically necessary and appropriate.