

<b>Case Number:</b>	CM14-0005352		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 40 year old male with a date of injury on 5/16/2013. Diagnoses include post-traumatic headaches and labyrinthitis, chronic myofascial pain syndrome of cervical and thoracolumbar spine, anxiety/depression, and right carpal tunnel syndrome. Subjective complaints are of daily headaches with frequent dizziness, forgetfulness, decreased concentration, and intermittent pain and numbness in the right hand. Patient also has complaints of black spots in both eyes, ongoing neck and back pain, and depression/anxiety. Physical exam shows normal eye exam, head without deformities, non focal neurological exam, decreased range of motion in cervical and lumbar spine, and tenderness in cervical and thoracolumbar paraspinal muscles. Treatment has included physical therapy, and medications (Fexmid, Norco, Ultram, Naproxen, prilosec). Submitted documentation does not identify failure of physical therapy or an associated home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROPSYCHOLOGICAL EVALUATION AND TESTING:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommends psychological evaluation for appropriately identified patients during treatment for chronic pain. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or are work related. For this patient, medical reports identify that the patient shows increased pain behavior with complaints of anxiety and depression. Therefore, the request for neuropsychological testing and evaluation is medically necessary.

**AQUATIC THERAPY EXERCISES DAILY AT [REDACTED] OR GYM:** Upheld

**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 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Aquatic Therapy, Gym Membership.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy 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. The ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. For this patient, there is no documentation that a home exercise program was not effective. Furthermore, there are no apparent indications that would require the patient to utilize special exercise equipment or a pool. Therefore, for these reasons, the medical necessity of a gym membership and aquatic therapy is not medically necessary.

**DEEP BREATHING MEDITATION CD OF [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400.

**Decision rationale:** ACOEM guidelines suggest that the psychology literature contains much information about meditation, relaxation techniques, and biofeedback for stress and anxiety, with considerable debate on the theories and mechanism of action. Specifically, transcendental meditation has been studied extensively, and has been found to result in sustained and improved psychological testing scores after appropriate training. For this patient, anxiety issues are evident in the medical records. While guidelines may support formal training in meditation, the requested CD would not be supported as it would not provide mastery of the require

relaxation techniques. Therefore, the medical necessity of a deep breathing meditation CD is not medically necessary.