

Case Number:	CM14-0008055		
Date Assigned:	02/12/2014	Date of Injury:	09/02/2003
Decision Date:	12/23/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Practice, 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:

This is a 53-year-old female claimant who sustained a cumulative injury from September 2002 to September 20, 2003 involving the neck and shoulders. She was diagnosed with right cervical radiculopathy, headaches secondary to chronic neck pain and bilateral shoulder pain. She had undergone a cervical fusion. She had been on Ultram, Skelaxin and topical Lidoderm for pain. A progress note on December 18, 2013 indicated the claimant had 6/10 pain. The prior EMG was normal. She was noted to be anxious and depressed. Exam findings were notable for paraspinal cervical muscle stiffness. The range of motion of the cervical spine was reduced. There was decreased sensation in the C6 - C7 dermatomes. The treating physician requested a cervical pillow, 10 to 12 sessions of aquatic therapy, 6 to 8 sessions of physical therapy and a psychological consultation for up to eight visits to manage anxiety associated with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy x 10-12 cervical: 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 Aquatic Therapy Page(s): 22.

Decision rationale: According to the guidelines, aquatic therapy is recommended as an option of the exercise therapy and as an alternative to land-based physical therapy. The number of supervised visits of aquatic therapy is up to 10 sessions. There is no indication that home exercise and land based therapy cannot be continued. There is no indication that aqua therapy is necessary over land based therapy. The request for up to 12 sessions of aquatic therapy also exceeds the amount suggested by the guidelines and is not medically necessary.

Physical therapy x6-8, cervical: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, there is no evidence of completing prior physical therapy after surgery. The claimant's neck symptoms were persistent and would benefit from therapy. The 6-8 sessions of physical therapy are medically necessary.

Psychology consult and 6-8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

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

Decision rationale: According to the guidelines, Psychological treatment is recommended for appropriate patients and have been found to be effective when incorporated into pain treatment. In this case there is no indication of response to psychological treatment and/or initial consultation evaluation and recommendation. Therefore the request for eight visits is excessive without an evaluation and further recommendation. The request above is not medically necessary.