

Case Number:	CM14-0008482		
Date Assigned:	04/23/2014	Date of Injury:	04/20/2007
Decision Date:	05/27/2014	UR Denial Date:	12/20/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 4/20/07. A utilization review determination dated 12/20/13 recommends non-certification of aqua therapy and acupuncture, as the patient has completed 24 sessions of aquatic therapy followed by a 3-month gym membership, as well as some acupuncture. It references a 12/5/13 medical report identifying low back pain radiating to both legs and a right-sided hernia repaired on 11/18/13. On exam, there is lumbosacral tenderness, limited ROM, mild hypoesthesias left posterior leg, and mildly antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELF-DIRECTED AQUA THERAPY AT A POOL FACILITY (ONE MONTH TRIAL MEMBERSHIP): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for self-directed aqua therapy at a pool facility (one month trial membership), California MTUS Chronic Pain Medical Treatment Guidelines state

that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision and a clear rationale for a membership for independent aqua therapy given that the patient has apparently had extensive aquatic therapy and subsequently progressed to land-based independent exercise. In light of the above issues, the currently requested self-directed aqua therapy at a pool facility (one month trial membership) is not medically necessary.

ACUPUNCTURE 4 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture 4 visits, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of prior treatment with acupuncture. However, there is no documentation of functional improvement as defined above to support the medical necessity of additional treatment. In the absence of such documentation, the currently requested acupuncture 4 visits are not medically necessary.