

Case Number:	CM14-0111400		
Date Assigned:	09/26/2014	Date of Injury:	08/28/1997
Decision Date:	11/06/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas and Mississippi. 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 request for aqua therapy one-two times a week for 120 days is not medically necessary. Per the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for example, extreme obesity. The clinical documentation submitted indicated that this injured worker weighed 165 pounds. There was no indication of obesity. Additionally, the physical medicine guidelines allow 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. The requested number of aqua therapy sessions exceed the recommendations in the guidelines. Therefore, this request for aqua therapy one-two times a week for 120 days is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy One-Two Times A Week For 120 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The request for aqua therapy one-two times a week for 120 days is not medically necessary. Per the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for example, extreme obesity. The clinical documentation submitted indicated that this injured worker weighed 165 pounds. There was no indication of obesity. Additionally, the physical medicine guidelines allow 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. The requested number of aqua therapy sessions exceed the recommendations in the guidelines. Therefore, this request for aqua therapy one-two times a week for 120 days is not medically necessary.

Massage Therapy One-Two Times A Week For 120 Days: Upheld

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

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

Decision rationale: The request for massage therapy one-two times a week for 120 days is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments including exercises, and it should be limited to 4 to 6 visits. Lack of long term benefits could be due to the short treatment period or that it does not address the underlying causes of pain. The guidelines do not support massage therapy, and the requested number of visits exceeds the recommendations in the guidelines. Therefore, this request for massage therapy one-two times a week for 120 days is not recommended.

Voltaren Gel 1% For 30 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Voltaren gel 1% for 30 days is not medically necessary. The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There was no indication in the submitted documentation that this injured worker had failed trials of antidepressants and/or anticonvulsants. Additionally, the request did not specify a quantity of this medication. Furthermore, there was no frequency of application, and the body part or parts to have been treated were not indicated. Therefore, this request for Voltaren gel 1% for 30 days is not medically necessary.

Tylenol With Codeine #3 Tablet 300/30/mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Tylenol with Codeine #3 Tablet 300/30/mg is not medically necessary. The California MTUS Guidelines recommend that a trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. There was no record in the submitted documents of previously failed trials of nonopioid analgesics. There were no baseline functional assessments included in the documentation, nor were there psychosocial assessments. The clinical information submitted failed to meet the evidence based guidelines for a trial of opioid medication. Additionally, there was no quantity or frequency of administration specified in the request. Therefore, this request for Tylenol with Codeine #3 Tablet 300/30/mg is not medically necessary.

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI lumbar spine is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. Magnetic resonance imaging is specifically not recommended for lumbosacral strain. The need for an MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI lumbar spine is not medically necessary.

SI Joint Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: The request for SI joint belt is not medically necessary. The California ACOEM Guidelines note that lumbar support is not recommended for all acute lumbar spine disorders. Lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The need for a low back joint belt was not clearly demonstrated in the submitted documentation. Additionally, the request did not specify whether this was to be a custom made or prefabricated belt, the size of the belt or the frequency of use. Therefore, this request for SI joint belt is not medically necessary.