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| Case Number: | CM14-0112327 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/09/2012 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 patient is a 54 year old female who was injured on 3/9/2012. The diagnoses are status post lumbar fusion, sacroiliitis and bilateral hips pain. The patient completed sacroiliac joints injections, hips injections, PT and aquatic therapy with temporary pain relief. On 6/30/2014, [REDACTED] indicated that the patient would be scheduled for hips surgery if all conservative management options fail. A UDS on 6/30/2013 was inconsistent with positive alcohol test. The medications are Norco, Mobic and Gabapentin prescribed by [REDACTED] an Orthopedic surgeon. On 7/20/2014, [REDACTED] / [REDACTED] noted that the patient have failed NSAID, Norco and hips injections. A Utilization Review determination was rendered on 7/3/2014 recommending non-certification for continuation of treatment with Pain Management Physician and modified certification of 20-30 Aqua Therapy sessions to 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue of treatment with Pain Management Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , state of Colorado Department of Labor and Employment, 4/27/2007 pg. 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend referral and continuation of treatment with specialist when the diagnosis becomes more complex or if the specialist can provide additional expertise to the treatment program. The records indicate that the patient had chronic hips pain which is being worked up for surgery. The patient had already tried and failed interventional pain injections and medications management. The records indicate the presence of aberrant behavior by the presence of positive alcohol in the UDS. There are limited options available with further chronic pain management program. The criteria to continue treatment with Pain Management physician was not met. Therefore, this request is not medically necessary.

20-30 Aqua Therapy sessions: 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 Physical Medicine Page(s): 22,46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that aquatic therapy can be beneficial for patient with difficulty doing therapeutic exercises against gravity. The records indicate that the patient completed previous aquatic exercise sessions as well as post hips injection aquatic therapy without significant improvement in the condition. The patient was reported to have failed conservative management including aquatic therapy. The beneficial effects of aquatic therapy can be evaluated by a modified regimen of 8 aquatic therapy sessions. The criteria for 20-30 aquatic therapy sessions were not met. Therefore, this request is not medically necessary.