

<b>Case Number:</b>	CM14-0114918		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 36-year-old female with a 6/22/12 date of injury. At the time (6/13/14) of request for authorization for Orthopedic Re-Evaluation, 12 Sessions of Pool/Land Physical Therapy for the Cervical and Lumbar Spine, and Voltaren 75mg #60 with Refills: 3, there is documentation of subjective (continuous right shoulder, neck, and lower back pain radiating to right leg) and objective (tenderness over the posterior and left dorsal cervical paravertebral musculature, pain full neck extension, and tenderness over the lower lumbar area) findings, current diagnoses (cervical myofascial pain and lumbar spine musculoligamentous strain residuals), and treatment to date (medications (including Ultracet, Norco, Flexeril, and Prilosec), interferential therapy, physical therapy, acupuncture, and chiropractic therapy). Regarding Pool/Land Therapy, the number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date; and an indication for reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Re-Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7 page127 and the Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical myofascial pain and lumbar spine musculoligamentous strain residuals. However, there is no documentation of a rationale identifying the medical necessity of the requested follow-up. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic Re-Evaluation is not medically necessary.

**Twelve (12) Sessions of Pool/Land Physical Therapy for the Cervical and Lumbar Spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back chapter (Physical Therapy).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Neck and Upper Back, Aquatic therapy and Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Specifically for Aquatic therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). ODG identifies visits for up to 9 visits over 8 weeks in the management of Lumbago and Cervicalgia. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the

medical information available for review, there is documentation of diagnoses of cervical myofascial pain and lumbar spine musculoligamentous strain residuals. In addition, there is documentation of previous physical therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Furthermore, specifically regarding pool therapy, there is no documentation of an indication for reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for twelve (12) Sessions of Pool/Land Physical Therapy for the Cervical and Lumbar Spine is not medically necessary.

**Retrospective (DOS:6/12/14): Voltaren 75mg, #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervical myofascial pain and lumbar spine musculoligamentous strain residuals. In addition, there is documentation of chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Voltaren 75mg, #60 with 3 refills is medically necessary.