

Case Number:	CM14-0165544		
Date Assigned:	10/10/2014	Date of Injury:	03/04/2008
Decision Date:	12/31/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 40-year-old female with a 3/4/08 date of injury. At the time (9/30/14) of the decision for aquatic therapy twice a week for five to six weeks for the lumbar spine, 8-12 sessions of psychotherapy, and TENS patches refill, there is documentation of subjective (lumbar spine pain radiating to the thoracic spine, scapular region, and bilateral lower extremities) and objective (spasms and stiffness of the lumbar paraspinal muscles, tenderness to palpation over the lumbar facet joints and posterior superior iliac spine, and dysesthesia to light touch in the L5 dermatome) findings. The current diagnoses are lumbar radiculopathy, bilateral sacroiliitis, lumbar facet pain, and lumbar degenerative disc disease. The treatment to date includes TENS Unit, physical therapy, 16 sessions of psychotherapy, and medications. Medical reports identify that the patient has long-standing chronic pain with delayed recovery and symptoms of depression/anxiety. Regarding aquatic therapy twice a week for five to six weeks for the lumbar spine, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding 8-12 sessions of psychotherapy, there is no documentation of objective functional improvement with psychotherapy treatments provided to date. Regarding TENS patches refill, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Twice a Week for Five to Six Weeks for the Lumbar Spine: 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 Physical Medicine, Aquatic Therapy Page(s): 98, 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page(s) 114 and Official Disability Guidelines (ODG) Low Back, Aquatic therapy

Decision rationale: 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). 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. Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of cervical radiculitis not to exceed 12 visits over 8 weeks, a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks. Official Disability Guidelines; 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 lumbar radiculopathy, bilateral sacroiliitis, lumbar facet pain, and lumbar degenerative disc disease. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested aquatic therapy exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy twice a week for five to six weeks for the lumbar spine is not medically necessary.

8-12 Sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy, Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23, 101-102.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological treatment. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a

total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral sacroiliitis, lumbar facet pain, and lumbar degenerative disc disease. In addition, given documentation that the patient has long-standing chronic pain with delayed recovery and symptoms of depression/anxiety, there is documentation of chronic pain and co-morbid mood disorders (depression and anxiety). However, there is documentation of 16 previous psychotherapy treatments completed to date which exceed guidelines. In addition, given documentation of previous psychotherapy treatments, there is no documentation of objective functional improvement with psychotherapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 8-12 sessions of psychotherapy is not medically necessary.

TENS patches refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, bilateral sacroiliitis, lumbar facet pain, and lumbar degenerative disc disease. In addition, there is documentation of ongoing treatment with TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for TENS patches refill is not medically necessary.