

Case Number:	CM14-0167465		
Date Assigned:	10/14/2014	Date of Injury:	01/22/2013
Decision Date:	12/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 62-year-old gentleman with a date of injury of 01/22/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/09/2014, 08/06/2014, and 09/03/2014 indicated the worker was experiencing neck and upper back pain that went into both shoulders and lower back pain that went into both legs. Documented examinations consistently described decreased motion in the neck and upper back joints, tenderness and spasm in the neck and upper back, decreased and painful motion in the lower back joints, and tenderness with spasm in the lower back involving the pelvis and both buttocks. The submitted and reviewed documentation concluded the worker was suffering from cervical strain and sprain with radiculopathy and lumbar strain and sprain with musculoligamentous injury. Treatment recommendations included oral and topical pain medications, aqua therapy, a cane, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 09/17/2014 recommending non-certification for twelve sessions of aqua therapy for upper and lower back pain with range of motion measurements and report extra handling and an unlimited supply of Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 6, cervical, lumbar; ROM measurement, report extra handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated 08/22/2014

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

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis. The submitted and reviewed documentation concluded the worker was suffering from cervical strain and sprain with radiculopathy and lumbar strain and sprain with musculoligamentous injury. There was no discussion suggesting the reason(s) this type of therapy would be helpful for the worker or supporting additional treatment sessions beyond those recommended by the Guidelines. Further, range of motion measurements should be and were obtained by the treating provider as part of the standard examination; this does not require specialized consultation. There was no discussion detailing extenuating circumstances supporting this request. In the absence of such evidence, the current request for twelve sessions of aqua therapy for upper and lower back pain with range of motion measurements and report extra handling is not medically necessary.

Methoderm: Upheld

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

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

Decision rationale: The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 15%) and general pain reliever (menthol 10%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that support the use of this compound in this setting. In the absence of such evidence, the current request for an unlimited supply of Methoderm is not medically necessary.

