

Case Number:	CM14-0030441		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 41-year-old female whose date of injury is 02/15/2012. On this date, the injured worker attempted to catch a falling patient. The progress note dated 01/21/14 indicates that the injured worker complains of ongoing neck, mid and low back pain. The treatment to date includes lumbar medial branch blocks, sacroiliac joint injections, chiropractic treatment, acupuncture and medication management. The diagnoses are listed as left sacroiliac joint dysfunction, left hip degenerative joint disease, left knee degenerative joint disease, and bilateral knee chondromalacia patella. Lumbar computed tomography (CT) scan dated 02/13/14 revealed degenerative disc disease and facet arthropathy with levoscoliosis and minimal retrolisthesis L5-S1 with L5-S1 moderate right neural foraminal narrowing. Follow up note dated 02/26/14 indicates that she recently underwent sacroiliac (SI) joint injection on 02/07/14 which did not help. Note dated 03/11/14 indicates that the injured worker continues to perform a home exercise program. The injured worker underwent lumbar epidural steroid injection on 04/18/14 which actually increased her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TIMES EIGHT (8) SESSIONS (97113): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The CA MTUS Guidelines support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The submitted records fail to establish why reduced weight bearing is desired as required by the CA MTUS Guidelines. The records indicate that the injured worker is compliant with a home exercise program. There are no specific, time-limited treatment goals provided. Based on the clinical information provided, the request for aquatic therapy times eight sessions is not recommended as medically necessary.

PAIN PSYCHOLOGY EVALUATION TIMES ONE (1) VISIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

Decision rationale: Based on the clinical information provided, the request for pain psychology evaluation times one (1) visit is not recommended as medically necessary. The submitted records indicate that the injured worker was previously authorized for a pain psychology evaluation; however, the report of this evaluation is not submitted for review. The findings of this evaluation are unknown. There is no clear rationale provided to support repeat evaluation at this time. As such, the request is not certified.

FOLLOW-UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office visits.

Decision rationale: Based on the clinical information provided, the request for follow up visit is not recommended as medically necessary. There is insufficient clinical information provided to support this request. In addition, there is no clear rationale provided to support a follow up visit at this time when the injured worker has not been responsive to interventional measures and that she is noted to be compliant with an ongoing home exercise program. Given the above, the request is not certified.