

Case Number:	CM14-0032085		
Date Assigned:	06/20/2014	Date of Injury:	11/23/2012
Decision Date:	08/12/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female with a reported date of injury on 11/23/2012. The injury reportedly occurred when the injured worker bent over to pull a stuck hand crank several times. Her diagnoses were noted to include cervicalgia, right upper extremity pain/numbness, multilevel cervical degenerative disc disease, right shoulder pain, left posterior annular tears to L3-4 and L4-5, low back pain, and left sciatica. Her previous treatments were noted to include physical therapy, chiropractic care, and medications. The progress report dated 06/16/2014 revealed the injured worker complained of sharp pain and numbness/tingling and the symptoms do not differ day or night and was severe with the rating of 10/10. There was nonspecific tenderness throughout the entire shoulder girdle, forward flexion was to 170 degrees, external rotation was to 60 degrees, abduction and external rotation was to 90 degrees, and abduction/internal rotation was to 70 degrees. There was significant pain with the arc of motion and mild subacromial crepitus. The progress note dated 06/04/2014 revealed the injured worker complained of posterior cervical pain, right shoulder pain, right upper extremity pain and numbness, low back pain and left lower extremity pain/numbness in an apparent L5 distribution ranging from 6/10 to 9/10. The injured worker indicated she may have had a thoracic epidural injection 07/2013 that was somewhat helpful. The injured worker also indicated physical therapy and chiropractic therapy had been helpful. The physical examination of the thoracolumbar spine revealed range of motion was decreased in flexion/extension due to pain. The muscle strength was rated as normal and there was diffuse lower lumbar paraspinal muscle tenderness. A straight leg raising test to the left was positive. The motor and sensory functions are intact except for a slight decreased sensation in left L5. The deep tendon reflexes of both upper and lower extremities were brisk and equal. The request for authorization form dated 02/06/2014 was for massage therapy 12 sessions 2 times a week for 6 weeks for lumbar spine pain. The request for

authorization form was not submitted for aquatic therapy and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy; twelve (12) sessions (2x6), lumbar spine: 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 injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous physical therapy which she indicated helped; however, there is a lack of documentation regarding current measurable objective functional deficits in regard to range of motion and motor strength as well as quantifiable objective functional improvements from previous physical therapy sessions. Additionally, there is a lack of documentation regarding the number of previous physical therapy visits and the request for 12 sessions exceeds Guideline recommendations. There is a lack of documentation regarding the injured worker needing reduced or non-weight bearing exercise to necessitate aquatic therapy. Therefore, the request for 12 aqua therapy sessions for the lumbar spine is not medically necessary.

Massage Therapy; twelve (12) sessions (2x6), lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker has complained of low back pain. The California Chronic Pain Medical Treatment Guidelines recommend this treatment to be used as an adjunct to other recommended treatments such as exercise, and it should be limited to 4 to 6 visits in most cases. Furthermore, many studies lack long-term follow-up and massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The strongest evidence for benefits of massage is

for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The Guidelines do not recommend massage therapy as a passive intervention. Instead, the Guidelines recommend active therapies such as exercise. Additionally, the previous request for aquatic therapy has been non-certified, and therefore, there is a lack of documentation using exercise as an adjunct to massage therapy and therefore, it is not warranted at this time. As such, the request for 12 massage therapy sessions for the lumbar spine is not medically necessary.