MAXIMUS Federal Services

Case Number:	CM14-0036677		
Date Assigned:	06/25/2014	Date of Injury:	03/20/2006
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 51-year-old male with a date of injury of 03/20/2006. The listed diagnoses per [redacted] include backaches, lumbosacral disk degenerative disease, lumbosacral neuritis, and brachial neuritis/radiculitis. According to a progress report dated 02/26/2014 by [redacted], the patient presents with intermittent pain to the low back. The patient is requesting a prescription for aquatic therapy and a special bed. He would also like authorization for massages. It was noted the patient is currently working. There is no physical examination on this date. A report dated 02/05/2014 indicates the patient had an L5-S1 degenerative disc disease fusion with hardware pain. Again, there was no physical examination. These are the only 2 progress reports provided prior to Utilization Review 03/06/2014. The request is for aqua therapy x8, massage therapy x8 and an orthopedic bed. A utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY (X8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The MTUS Chronic Pain Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For duration of treatment, the MTUS Chronic Pain Guidelines pages 98 and 99 under physical medicine recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. Without discussion of treatment history and objective findings, treatments cannot be recommended for authorization. Furthermore, this patient does not present with any weight bearing restrictions. Recommendation is for denial. As such, the request is not medically necessary and appropriate.

MASSAGE THERAPY (X8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 8.

Decision rationale: This patient presents with intermittent pain to the low back pain. The patient requested massage therapy and with no physical examination reported the treater requested 8 massage therapy sessions. The MTUS Chronic Pain Guidelines indicate massage therapy should be an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4-6 visits in most cases. In this case, the treater's request for 8 massage therapy sessions exceeds what is recommended by the MTUS Chronic Pain Guidelines. Furthermore, the treater does not provide any physical examinations. The MTUS Chronic Pain Guidelines require that the treater provide monitoring and make appropriate treatment recommendations. Without discussion of treatment history and objective findings, treatments cannot be recommended for authorization. The request is not medically necessary and appropriate.

ORTHOPEDIC BED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guideline does quote one study and indicates that this is under study:(http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: The ODG discusses durable medical equipment and states that for an equipment to be considered medical treatment, it needs to be used primarily and customarily for a medical purpose, and generally is not useful to a person in the absence of illness or injury. In this case, a bed does not meet these criteria. The request is not medically necessary and appropriate.