MAXIMUS Federal Services

Case Number:	CM14-0037746		
Date Assigned:	06/25/2014	Date of Injury:	01/16/2013
Decision Date:	08/08/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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:

Per treating physician's report 02/13/2014, the patient presents with moderate to severe low back pain with persistent radiation of numbness and tingling down the right leg. The patient has frequent numbness, tingling, weakness, and pain radiating down to her left leg and has had injection to her lumbar spine in the past. The injection provided no relief, but caused significant side effects. The patient has not had chiropractic treatments, and the therapy that she had helped decrease her pain with the exception of her upper back and left shoulder. The medication helps with the pain temporarily, but has stomach upset. The patient has been going to acupuncture and aqua therapy that have helped to significantly decrease her pain in upper back, and they have been particularly helpful for burning sensation in the upper back. The patient is able to perform more activities of daily living. The listed diagnoses are: cervical spine sprain/strain with myospasms, a 1-mm disk bulge at C5-C6, thoracic spine sprain/strain, lumbar spine disk protrusion with radiculopathy, myospasms, chronic pain, anxiety/depression, and gastritis and diverticulitis. The recommendation was for chiropractic and aqua therapy two times a week for six weeks, and tramadol and Valium were prescribed as well as transdermal compounds. The 12/03/2013 report is also reviewed by the primary treating physician, and the interim history is nearly identical to the other report. The diagnoses remain the same. On the recommendations, waiting for electrodiagnostic studies, psychological consultation which is scheduled for tomorrow, and the request was for functional capacity evaluation and acupuncture treatments two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, twelve (12) Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: Summary of Recommendations, Low Back disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

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

Decision rationale: This patient presents with chronic neck, thoracic, low back pain along with psychological issues such as depression/anxiety. The request was for aquatic therapy twelve sessions. Review of the reports show that the patient is receiving some aquatic therapy treatments with benefits particularly of the thoracic region. This is per treating physician report 02/13/2014. The treating physician does not report how many therapy treatments this patient has had and what other benefits this patient is experiencing in terms of function, medication reduction, etc. Regarding aquatic therapy, the MTUS Guidelines support it when the patient is unable to tolerate weight bearing exercise or if the patient will benefit from weight-reduced exercise program such as extreme obesity. For number of treatments, the MTUS Guidelines recommend nine to ten sessions for myalgia/myositis, neuritis/neuralgia type of condition that this patient suffers from. The current request is for twelve sessions which exceeds what is allowed by MTUS Guidelines. Furthermore, there is no description of extreme obesity or any reason why weight-reduced exercises would be necessary for this patient. Based on the above, the recommendation is for denial.