

Case Number:	CM14-0064088		
Date Assigned:	07/11/2014	Date of Injury:	08/15/2012
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 is a patient on the date of injury at August 15, 2012. A utilization review determination dated April 14, 2014 recommends noncertification of aqua therapy for the cervical spine, multidisciplinary pain program, and multidisciplinary pain management program follow-up visits. A progress note dated April 4, 2014 indicates that the physical examination is unchanged from prior examinations. There is reduced range of motion in the right shoulder, diffuse tenderness to palpation in the cervical and lumbar spine, and reduced range of motion in the lumbar spine. The diagnoses include anxiety, depression, chronic pain, sacraliliitis, degenerative cervical intervertebral disc disease, and neuralgia/radiculitis. The treatment plan recommends an MRI of the lumbar spine and continuing with current medications. Additionally, new prescriptions of Norflex and Lexapro are recommended. The note goes on to state that the patient needs access to an MRI of the lumbar spine to evaluate radicular pain. She should also have access to aqua therapy to help alleviate some of her neuropathic pain and radicular pain. The physician has also recommended a pain psychologist consultation. The patient is also recommending a multidisciplinary pain management program. Part of the reason is to determine candidacy for medication and or interventional therapies and from further behavioral interventions. The recommendation is for a 4 month program with 4-6 follow-up appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for cervical spine Qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22, 98-99 of 127 Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. The ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not clearly stated why aquatic therapy would be indicated for this patient's current cervical complaints. Additionally, the number of treatments requested (18 sessions) exceeds the initial 6 visit trial recommended by the ODG. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

Multidisciplinary pain management program x months Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Outpatient Pain Rehabilitation Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page 30-34 and 49 of 127, Page 30-34 and 49 of 127 Page(s): 30-34 AND 49 OF 127.

Decision rationale: The California MTUS Guideline supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, further diagnostic studies are being recommended. Furthermore, the guidelines recommend a two-week

trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 4 months of a multidisciplinary program, therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested 4 month multidisciplinary pain program is not medically necessary.

Multidisciplinary pain management program follow up visits Qty:6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Outpatient pain rehabilitation programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 30-34 and 49 of 127 Page(s): 30-34 AND 49 OF 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.