

Case Number:	CM14-0080864		
Date Assigned:	07/18/2014	Date of Injury:	12/19/2012
Decision Date:	09/11/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 the records provided, the services that were denied or modified included aquatic warm water rehabilitation twice weekly for four weeks, and Norco 5/325 mg, number 30. The claimant was described as a 41-year-old female with an injury from December 2012. A cart hit a door slamming it shut, hitting the claimant's face. They tried TENS, 12 sessions of physical therapy, a home exercise program, 16 acupuncture visits, chiropractic therapy and medicine with only some improvement in symptoms. She was using Lidoderm patches with 25% improvement in symptoms. She however failed Flector patches. The MRI of the cervical spine dated December 21, 2012 reportedly showed a posterior focal central disc protrusion at C5-C6 and a posterior paracentral disc extrusion at C6-C7. As of April 7, 2014 the patient continued with neck pain that radiated into the head. She was diagnosed with status post a blow to the face, with a cervical spine sprain and strain, persistent headaches, bilateral upper extremity radicular symptoms, pre-existing gastrointestinal condition diagnosed as gastrointestinal esophageal reflux disease, and irritable bowel syndrome with multiple food allergies. She also had a nasal septum fracture. A PQME from November 26, 2013 reportedly recommended a course of aquatic rehabilitation in a warm water because she failed land therapy.. Other records note she underwent an ENT evaluation on March 10, 2014. She participates eight hours a day in her school training program. There is a decrease in the intensity of her headaches from eight out of 10 down to 4 to 5 out of 10. There is neck pain that radiates into the head and she has persistent headaches. The pain radiates into the third fourth and fifth digits of the right hands. She has difficulty with sleep maintenance. A PQME addendum from February 4, 2014 was reviewed and he discussed neck positioning. The report from January 7, 2014 was provided. There was a large summary of previous records. He mentions the previous PQME from November 26, 2013. The patient continued to suffer from headaches. Authorization was requested for an occipital block and a

home interferential unit. He feels the patient has undergone a reasonable and medically appropriate course of the treatment. He is still of the opinion that she is not permanent and stationary. The electrodiagnostic studies showed no current evidence of median nerve neuropathy so he does not feel she would benefit from carpal tunnel release. She does not require an orthopedic specialist. There was no mention of aquatic care in this follow-up visit with the PQME [REDACTED] dated January 7, 2014. It may have been an earlier idea in the November document, but it does not follow through on the addenda by the same doctor. The previous reviewer noted that the claimant had already received 12 sessions of physical therapy, and the rationale for more was not clear. There was also no clear detail as to why the patient needed opiate therapy such as Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic warm water rehab, twice weekly for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 and 8 C.C.R. 9792.20 - 9792.26 Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regard aquatic therapy.

Decision rationale: The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Specifically regarding aquatic therapy, the guides note under Aquatic Therapy: Recommended 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. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased

healthcare utilization, and maximal self-actualization. This request for more skilled, warm water aquatic therapy twice weekly for four weeks is not medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 88 of 127 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, such as the Norco proposed in this claimant's case, the MTUS poses several analytical questions that must be addressed to certify such a request, such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.