MAXIMUS Federal Services

Case Number:	CM14-0083920		
Date Assigned:	07/21/2014	Date of Injury:	06/15/2011
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 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:

The injured worker is a 50-year-old female with a reported injury on 06/15/2011 when she was working, and a 5'x 5' particle board cupboard fell off the wall scraping her face, and injured her neck, shoulders, back and left middle finger. Her diagnoses consisted of displacement of cervical intervertebral disc without myelopathy and degeneration of the cervical intervertebral disc. Previous treatments included nerve blocks, epidural steroid injections, the use of TENS unit, physical therapy, acupuncture, chiropractic therapy that reported relief, and a pain scale was not provided. The injured worker had surgery to repair a broken bone in her nose in 2011, and she continued to have neck and upper extremity pain. A cervical fusion at the C4-5-6 and C7 was done. There is a history of having acupuncture in 2011, and to the pain clinic in 2000. The injured worker had a CAT scan in 2013, an EMG in 2011 and an MRI in 2013. An examination on 04/28/2014, as a follow-up of her cervical injury, she stated that her neck felt as though it was not fused and she complained of more pain than on her initial visit. She rated her pain at a 7/10. The recommended plan of treatment was not provided. On 04/02/2014, the injured worker did have a comprehensive pain management exam regarding her cervical pain. She reported her pain level at a 7/10. Her cervical examination revealed anterior flexion to be 20 degrees, extension to be 20 degrees, bilateral lateral rotation to be 10 degrees. The straight leg raise test was normal at 90 degree. Motor strength was normal, and bilateral sensation was normal. The list of medications included Norco, Tramadol, Simvastatin, Levothyroxine, Triamterene and Cyclobenzaprine. The recommended plan of treatment was for her to have Norco prescription. There was no mention of a bone density scan, and there was no mention of swimming in a heated pool. The Request for Authorization was not provided as well as the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

DXA Bone density scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR guidelines -The ACR Appropriateness Criteria are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging and treatment decisions. DXA PA spine 9? DXA proximal femur and femoral neck and total hip 9? QCT spine 8International Society of Bone Densitometry and NH8GRAPIA.ORG: Premature menopause (<45 years), Prolonged secondary amenorrhoea (>1 year) including depo provera if taken > 5 years, Primary Hypogonadism.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bone densitometry.

Decision rationale: The Official Disability Guidelines recommend to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. Osteoporosis does not appear to have a direct causal relationship to work injury or work exposures. There is no evidence that the injured worker is at risk for osteoporosis. The injured worker has had previous x-rays, which do not show that she has any fractures. The provider's rationale is not indicated within the medical records. There is no evidence to support the medical necessity of a bone density scan. Therefore, DXA bone density scan is not medically necessary and appropriate.

Swimming in a heated pool daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Recommended as an optional form of exercise therapy, where available, as an alternate 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. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aqua therapy as an optional form of exercise therapy, where the swimming can minimize the effects of gravity, and it is recommended where reduced weight bearing is desirable. The guidelines do state that water can improve the components of health-related quality of life, balance and stair climbing in females with fibromyalgia. There is no evidence that the injured worker cannot bear weight and that she is in need of aqua therapy to minimize the effects of gravity. She has no evidence of

fibromyalgia, and there are no functional deficits that were provided upon examination. There was nothing indicating the number of sessions or the site at which the therapy was to be done at. Therefore, swimming in a heated pool daily is not medically necessary and appropriate.