MAXIMUS Federal Services

Case Number:	CM14-0136586		
Date Assigned:	09/03/2014	Date of Injury:	04/01/2014
Decision Date:	07/15/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old woman sustained an industrial injury on 4/1/2014 after struggling to push a patient in a motorized wheelchair while six months pregnant. Diagnoses include depressive disorder. Treatment has included oral medications. Physician notes from the doctor's first report of occupations al illness or injury form dated 7/14/2014 show complaints of low back pain, sleep disturbance, difficulty concentrating, depression, anxiety, irritability, and insecurity. Recommendations include cognitive behavior therapy and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical

Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for low back pain. When seen, there was decreased lumbar range of motion with muscle spasms and positive right straight leg raising. The claimant has persistent symptoms of reflux and is not being prescribed a non-steroidal anti-inflammatory medication. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is not identified co-morbid condition that would prevent conventional land-based physical therapy. Additionally, the claimant's condition is chronic. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

One (1) internal medicine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for low back pain. When seen, there was decreased lumbar range of motion with muscle spasms and positive right straight leg raising. The claimant has persistent symptoms of reflux and is not being prescribed a non-steroidal anti-inflammatory medication. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms of gastroesophageal reflux disease not due to medication. The requested evaluation is medically necessary.