

Case Number:	CM14-0197917		
Date Assigned:	12/08/2014	Date of Injury:	10/31/1994
Decision Date:	12/03/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/25/2014

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 31, 1994. In a Utilization Review report dated October 21, 2014, the claims administrator failed to approve a request for unspecified amounts of land and aquatic therapy for the cervical spine. A September 25, 2014 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 25, 2014, the applicant reported ongoing complaints of neck, low back, and bilateral shoulder pain. Lorzone, Butrans patches, Nexium, and Ambien were all endorsed. The attending provider sought authorization for ongoing maintenance physical and aquatic therapy. The applicant had apparently refused to undergo drug testing in the clinic. The applicant was visibly angry in the clinic and was using a cane to move about, the treating provider reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant was apparently considering spine surgery, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing outpatient land and aquatic therapy to the cervical spine, frequency and duration not provided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for ongoing outpatient land and aquatic therapy to the cervical spine was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription for the same which clearly states treatment goals. Here, however, clear treatment goals were neither stated nor formulated. The duration, amount, and quantity of treatment were not furnished. Here, again, the treating therapist did not furnish duration or amount of treatment. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the September 25, 2014 office visit failed to recount, describe, or characterize the applicant's response to earlier treatment. Therefore, the request is not medically necessary.