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| Case Number: | CM14-0038169 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/01/2012 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Interventional Spine 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 patient is a 54 year old female with a date of injury of 5/1/12. The listed diagnoses are s/p lumbar fusion-failed, fibromyalgia, chronic myofasciitis pain syndrome, s/p cholecystectomy (6/9/13) and depression. According to progress report 3/4/14, the patient presents with neck pain radiating to bilateral shoulders and low back pain radiating to the lower extremities. The patient states that aqua therapy has significantly improved her chronic pain syndrome. Post aqua therapy the patient is able to walk better and for long periods. Physical examination revealed trigger points found in the upper extremities. Lumbar incisions are healed. There is slightly decreased range of motion. Plantar and dorsiflexion strength has increased to 4+/5 bilaterally. The patient is currently not working. The request is for acupuncture and aqua therapy. The utilization review denied the request on 3/12/14. Treatment reports from 12/17/13 through 5/10/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with neck pain radiating to bilateral shoulders and low back pain radiating to the lower extremities. The current request is for ACUPUNCTURE 2X4. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. There is no indication that patient has received acupuncture in the past. A trial of 3 to 6 treatments may be indicated for the patient's continued pain, but the physician is requesting an initial 8 treatments, which exceeds what is recommended by MTUS. The requested 8 Acupuncture visits are not medically necessary.

Aquatherapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back and Low back chapters)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with neck pain radiating to bilateral shoulders and low back pain radiating to the lower extremities. MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that would benefit from decrease weight-bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date was not documented in the progress reports. The Utilization review states that the patient has had 18 aqua therapy visits in the past. The patient has reported being able to walk better and for longer periods of time following aquatic therapy. In this case, the treating physician has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. There is no explanation as to why aqua therapy is necessary as opposed to a home based exercise program or land based therapy. Furthermore, the physician request for additional 8 sessions along with the 18 sessions already received exceeds what is recommended by MTUS. The requested additional aqua therapy is not medically necessary.