MAXIMUS Federal Services

Case Number:	CM15-0135091		
Date Assigned:	07/23/2015	Date of Injury:	11/05/2003
Decision Date:	08/20/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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, Florida, 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 injured worker is a 55-year-old female, who sustained an industrial injury on 11/05/2003. Diagnoses include chronic pain, cervicalgia, myofascial pain and depression. Treatment to date has included conservative measures including medication management and aquatic therapy. Current medications include Norco, Lidoderm patches, Flexeril and Prilosec. Per the Primary Treating Physician's Progress Report dated 6/09/2015, the injured worker was last seen on 4/28/2015. At that time, she was not feeling well and states problem due to kidneys and dehydration. She was given a prescription for Norco and does not recall Lidoderm. She reports pain usually in the neck that spreads to the arms and back pain. She has had benefit from aqua therapy. Physical examination revealed no negative effects of medications noted. She is alert and oriented. There was tenderness in the sub occipital area, soft tissue area of the neck, trapezius and shoulder. The plan of care included, and authorization was requested, for aquatic therapy (2x4), Hubbard tank (2x4), and transcutaneous electrical nerve stimulation (TENS) unit, one- month rental for the neck, back and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 2 times weekly, neck, back and shoulders qty 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127 and page 22 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regarding aquatic therapy.

Decision rationale: This claimant was injured in the year 2003 with diagnoses of chronic pain, cervicalgia, myofascial pain and depression. Treatment to date has included conservative measures including medication management and aquatic therapy. As of April 2015, the report simply was that she was not feeling well. There is pain usually in the neck that spreads to the arms and back pain. She has had reported but unquantified benefit from past aqua therapy. Specifically regarding aquatic therapy, the cited 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. 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. 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 therapy was appropriately not medically necessary.

Hubbard tank, 2 times weekly, neck, back and shoulders qty 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127 and page 22 of 127.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regarding aquatic therapy.

Decision rationale: As shared, this claimant was injured in the year 2003 with diagnoses of chronic pain, cervicalgia, myofascial pain and depression. Treatment to date has included conservative measures including medication management and aquatic therapy. As of April 2015, the report simply was that she was not feeling well. There is pain usually in the neck that spreads to the arms and back pain. She has had reported but unquantified benefit from aqua therapy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. A Hubbard tank is a bath that people can sit in, with whirlpool features. This is a form of passive aquatic whirlpool therapy. Specifically regarding aquatic therapy, the cited 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. Further, the therapy is completely passive, when active therapy is the standard of care for most of post injury care regimens. Finally, it is not clear why a home bathtub at the same frequency and duration is not an alternative. The request is not medically necessary.

TENS unit, 1 mouth rental, neck, back and shoulders qty1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: As shared, this claimant was injured in the year 2003 with diagnoses of chronic pain, cervicalgia, myofascial pain and depression. Treatment to date has included conservative measures including medication management and aquatic therapy. As of April 2015, the report simply was that she was not feeling well. There is pain usually in the neck that spreads to the arms and back pain. She has had reported but unquantified benefit from aqua therapy. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005); Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985); Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005); Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Moreover, there is no evidence the unit trial would be part of evidence-based functional restoration. The request is appropriately not medically necessary.