

Case Number:	CM15-0142987		
Date Assigned:	08/04/2015	Date of Injury:	09/27/2012
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 9-27-2012. The mechanism of injury is injury from being hit by a metal door. The current diagnosis is complex regional pain syndrome of the chest and ribcage. According to the progress report dated 5-20-2015, the injured worker complains of constant chest pain. She notes an increase in pain frequency of more severe pain since opioid rotation to methadone. The level of pain is not rated. The physical examination reveals chest wall hypersensitivity. The current medications are Methadone, Percocet, Clonidine, Omeprazole, Colace, Cymbalta, and Lyrica. There is documentation of ongoing treatment with Methadone since opioid rotation on 5-6-2015. Treatment to date has included medication management, x-rays, computed tomography scan, MRI studies, behavioral therapy, stellate ganglion injection, and spinal cord stimulator. Work status was not described. A request for Methadone and aqua therapy has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for Aqua therapy (quantity unspecified). Treatment to date has included medication management, x-rays, computed tomography scan, MRI studies, behavioral therapy, stellate ganglion injection, and spinal cord stimulator. The patient's work status was not addressed. MTUS page 22 Aquatic therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy, specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per report 06/10/15, the patient presents with continue complaints of back and chest pain. The current diagnosis is complex regional pain syndrome of the chest and ribcage. The physical examination reveals chest wall hypersensitivity. The current medications are Methadone, Percocet, Clonidine, Omeprazole, Colace, Cymbalta, and Lyrica. It was noted that she is currently not doing any exercises and would like to return to water exercise. A request was made for Aqua therapy. Per report 03/30/15, the sapient was referred for aqua therapy which is what helped her in the past. Report 11/18/14 notes that the patient has been treated with aquatic therapy and oral medications. This patient has participated in an undisclosed number of aqua therapy sessions in the past. It is not clear why the patient needs to undergo aquatic therapy instead of traditional therapy or a home exercise program. There is no diagnoses of obesity or any other physical condition that is preventing the patient from exercising at home Hence, the treater's request for aquatic therapy IS NOT medically necessary.

Methodone 5mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Aqua therapy (quantity unspecified). Treatment to date has included medication management, x-rays, computed tomography scan, MRI studies, behavioral therapy, stellate ganglion injection, and spinal cord stimulator. The patient's work status was not addressed. MTUS page 22 Aquatic therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy, specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per report 06/10/15, the patient presents with continue complaints of back and chest pain. The current diagnosis is complex regional pain syndrome of the chest and ribcage. The physical examination reveals chest wall hypersensitivity. The current medications

are Methadone, Percocet, Clonidine, Omeprazole, Colace, Cymbalta, and Lyrica. It was noted that she is currently not doing any exercises and would like to return to water exercise. A request was made for Aqua therapy. Per report 03/30/15, the patient was referred for aqua therapy which is what helped her in the past. Report 11/18/14 notes that the patient has been treated with aquatic therapy and oral medications. This patient has participated in an undisclosed number of aqua therapy sessions in the past. It is not clear why the patient needs to undergo aquatic therapy instead of traditional therapy or a home exercise program. There is no diagnosis of obesity or any other physical condition that is preventing the patient from exercising at home. Hence, the provider's request for aquatic therapy IS NOT medically necessary.