

Case Number:	CM15-0147202		
Date Assigned:	08/10/2015	Date of Injury:	06/01/2012
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 51 year old female who sustained an industrial injury on 6-1-12. The initial complaints and nature of the injury are unavailable for review. A PR-2 dated 6-3-15 is the only record available for this review. On that date, the injured worker reported continued headaches and pain in the neck, radiating to her right hand. She also reported that her left hand is "starting to hurt". Her grip strength was noted to be weak and the report states that she "cannot hold anything with her hands". She has diagnoses of status-post traumatic head injury, forehead contusion, post-traumatic headaches with contribution by cervicogenic myofascial pain and occipital neuralgia, post-traumatic dizziness, cervical degenerative joint disease, cervical disc protrusion, right cervical radiculopathy, and post-concussion syndrome with cognitive impairment. She is currently receiving chiropractic therapy approximately 2 times per month and takes "occasional ibuprofen". She reported that she does not want to take her medication. The report indicates that she has "worsening memory loss and word finding difficulty". Treatment plan indicates that she was advised cervical epidural injection, but she declined due to "fear of needle and injection". She is, occasionally, doing home exercises and using anti-inflammatory medications. The treatment plan indicates that she would benefit from aqua therapy which would allow her to stretch more easily. It also indicates a second request for cognitive therapy due to her memory loss and word-finding difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical spine Qty: 8.00: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding recommend utilization of aquatic therapy. Qualifying conditions should interfere with the ability to tolerate land based exercises (i.e. obesity, lower ext. neurological damage). This individual does not appear to have a Guideline recommended qualifying condition and there are no unusual circumstances to justify an exception to Guidelines. The request for Aquatic therapy for the cervical spine Qty: 8.00 is not supported by Guidelines and is not medically necessary.

Cognitive behavioral therapy Qty: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Cognitive Therapy.

Decision rationale: MTUS Guidelines do not address this specific issue. ODG Guidelines directly address this issue and are strongly supportive of cognitive therapy for traumatic brain injury (TBI). There are no unusual circumstances that would not qualify for this Guideline recommendations. The request for Cognitive behavioral therapy Qty: 8.00 is supported by Guidelines and is medically necessary.