

Case Number:	CM15-0169928		
Date Assigned:	09/10/2015	Date of Injury:	04/22/2013
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old, female who sustained a work related injury on 4-22-13. The diagnoses have included cervical strain and lumbosacral strain. She is currently being treated for neck and low back pain. Treatments in the past include physical therapy (no previous treatments noted), chiropractor treatments (3 treatments), aqua therapy (5 sessions, with benefit), oral medications, use of a back brace, topical creams and TENS unit therapy. Current treatments are oral medications. Medications she is currently taking are Naproxen Tylenol and Cyclobenzaprine. In the Primary Treating Physician's Initial Evaluation dated 6-27-15, the injured worker reports constant, moderate to severe pain in her back and hip area. She has intermittent, moderate pain in her neck, upper and lower back. Her pain is made worse by turning her head from side to side and with prolonged sitting. She has trouble with bending, stooping and climbing due to knee pain. She states she has a burning sensation in upper and lower back. Upon physical exam, she has 3+ cervical paraspinal muscle spasm. Cervical range of motion is flexion at 30 degrees, extension at 40 degrees, right and lateral bending to 20 degrees and left and right rotation at 80 degrees. She has 1+ lumbar paraspinal muscle spasm. She has mild tenderness to palpation of lumbar subcutaneous tissue. Lumbosacral range of motion is flexion at 40 degrees, extension to 20 degrees and right and left side bending at 20 degrees. She has pain with all directional movement. She is not working. The treatment plan includes a request for structured physical therapy, for aqua therapy, medication refills and a return to office visit. The Utilization Review, dated 7-28-15, the CA MTUS guidelines were not met and the request for aqua therapy is non-certified. The CA MTUS guidelines were not met for

additional physical therapy so this requested treatment is non-certified. The CA MTUS, ACOEM guidelines have not been met for a requested treatment of a return to clinic visit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy three times a week for four weeks for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times per week times four weeks to the cervical and lumbar spine is medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are cervical strain; and lumbosacral strain. Date of injury is April 22, 2013. Request for authorization is June 27, 2015. According to an initial new patient evaluation dated June 27, 2015, the injured worker has been followed for several years by different providers and has received an unspecified amount of conservative care including physical therapy. The injured worker's injury is to the thoracic and lumbar spine. The injured worker has received medications, physical therapy, aquatic therapy and TENS. The treating provider has not reviewed x-rays and magnetic resonance imaging scans at the time of the visit. Objectively, the worker is 5'3" and weighs 155 pounds. There is no documentation indicating reduced weight bearing is clinically indicated. There is no clinical indication or rationale for aquatic therapy. The injured worker received an unspecified number of physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy is warranted. There is no documentation of failed land based therapy. The injured worker presents with chronic pain. The injured worker has received extensive, as noted above, conservative treatment. There is no clinical indication a rationale for a follow-up visit with no change in symptoms or objective clinical findings. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication a rationale for reduced weight bearing, no documentation demonstrating failed land-based physical therapy and an unspecified number of physical therapy sessions to date, aquatic therapy three times per week times four weeks to the cervical and lumbar spine is not medically necessary.

Physical therapy three times a week for four weeks for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks of the lumbar and cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical strain; and lumbosacral strain. Date of injury is April 22, 2013. Request for authorization is June 27, 2015. According to an initial new patient evaluation dated June 27, 2015, the injured worker has been followed for several years by different providers and has received an unspecified amount of conservative care including physical therapy. The injured worker's injury is to the thoracic and lumbar spine. The injured worker has received medications, physical therapy, aquatic therapy and TENS. The treating provider has not reviewed x-rays and magnetic resonance imaging scans at the time of the visit. Objectively, the worker is 5'3" and weighs 155 pounds. There is no documentation indicating reduced weight bearing is clinically indicated. There is no clinical indication or rationale for aquatic therapy. The injured worker received an unspecified number of physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy is warranted. There is no documentation of failed land based therapy. The injured worker presents with chronic pain. The injured worker has received extensive, as noted above, conservative treatment. There is no clinical indication a rationale for a follow-up visit with no change in symptoms or objective clinical findings. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication a rationale for reduced weight bearing, no documentation demonstrating failed land-based physical therapy and an unspecified number of physical therapy sessions to date, physical therapy three times per week times four weeks of the lumbar and cervical spine is not medically necessary.

Return to clinic (RTC) 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, return to clinic (RTC) 4-6 weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case

review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are cervical strain; and lumbosacral strain. Date of injury is April 22, 2013. Request for authorization is June 27, 2015. According to an initial new patient evaluation dated June 27, 2015, the injured worker has been followed for several years by different providers and has received an unspecified amount of conservative care including physical therapy. The injured worker's injury is to the thoracic and lumbar spine. The injured worker has received medications, physical therapy, aquatic therapy and TENS. The treating provider has not reviewed x-rays and magnetic resonance imaging scans at the time of the visit. Objectively, the worker is 5'3" and weighs 155 pounds. There is no documentation indicating reduced weight bearing is clinically indicated. There is no clinical indication or rationale for aquatic therapy. The injured worker received an unspecified number of physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy is warranted. There is no documentation of failed land based therapy. The injured worker presents with chronic pain. The injured worker has received extensive, as noted above, conservative treatment. There is no clinical indication a rationale for a follow-up visit with no change in symptoms or objective clinical findings. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating an acute change in symptoms and signs and no clinical indication a rationale for a follow-up visit in 4 to 6 weeks, return to clinic (RTC) 4-6 weeks is not medically necessary.