MAXIMUS Federal Services

Case Number:	CM15-0195124		
Date Assigned:	10/08/2015	Date of Injury:	12/26/2013
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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, Hawaii
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 49 year old, male who sustained a work related injury on 12-26-13. A review of the medical records shows he is being treated for shoulder, arm, upper back and lower back pain. Treatments have included medications, chiropractic treatments, physical therapy, injections, surgery and the use of crutches. Current medications include Hydrocodone, Ibuprofen, Omeprazole, Colace and Cymbalta. In the Doctor's First Report of Occupational Injury on 7-14-15, the injured worker reports lower back and legs pain. He has continuous pain associated with numbness. He has pain that radiates from lower back to both legs. He rates this pain a 7-8 out of 10. He reports shoulder, lower neck, arm and upper back pain. He has continuous and dull pain associated with numbness. He rates this pain a 4 out of 10. All the pain interferes with his activities of daily living. In the objective findings dated 7-14-15, the provider comments that the "physical examination is unchanged from prior visit." In progress notes dated 5-28-15 by another provider, he has decreased range of motion in the lumbar spine. He has positive straight leg raises with both legs. He is currently not working. The treatment plan includes requests for authorization of aqua physical therapy, for a lumbar brace, for a cold unit, for refills of medications, for an orthopedic consult, for x-rays of lumbar spine and for a moist heating pad. In the Utilization Review dated 9-24-15, the requested treatments of aqua therapy 2x per week for lumbar spine and therapeutic exercises 2 x week for lumbar spine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy twice a week, lumbar spine Qty: 12.00 (per 07/14/2015 order): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Aqua therapy twice a week, lumbar spine QTY: 12.00 (per 07/14/2015). Treating physician report dated 7/14/15 (24B) states, "Since the injury the patient has received treatment in the form of 'physical therapy.'" MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy although a specific quantity of sessions is unknown. The patient is status fusion at L4-5 on 8/5/14 (27B) and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Therapeutic exercises twice a week, lumbar spine Qty: 12.00 (per 07/14/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Therapeutic exercises twice a week, lumbar spine QTY: 12.00 (per 07/14/2015). Treating physician report dated 7/14/15 (24B) states, "Since the injury the patient has received treatment in the form of 'physical therapy'". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy although a specific quantity of sessions is unknown. The patient is status fusion at L4-5 on 8/5/14 (27B) and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.