MAXIMUS Federal Services

Case Number:	CM15-0035167		
Date Assigned:	03/03/2015	Date of Injury:	07/24/2014
Decision Date:	04/23/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, New York, 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 applicant is a represented 25-year-old who has filed a claim for neck, low back, shoulder, and mid back pain reportedly associated with an industrial motor vehicle accident (MVA) of July 24, 2014. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve request for a moist heating pad, home interferential unit, and aquatic therapy while apparently approving a request for Norco. A January 14, 2015, progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant transferred care to a new primary treating provider (PTP) reporting complaints of neck and low back pain. The applicant was off of work. The applicant had not worked since the date of injury, the treating provider acknowledged. The applicant had received 12 sessions of physical therapy through this point in time, it was suggested. The applicant had also received 10 sessions of manipulative therapy, without seeming profit. A home interferential unit and a moist heating pad were dispensed while the applicant was placed off of work, on total temporary disability. Aquatic therapy was endorsed. The applicant did, however, exhibit a normal gait and was, moreover, able to walk on her toes and heels.

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, lumbar spine and Left SI Joint (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy (PT); Low Back, Physical therapy (PT).

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

Decision rationale: No, the request for aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, the applicant was described on January 14, 2015 office visit in question as exhibiting a normal gait. The applicant was able to stand and walk on her toes and heels without any seeming difficulty, impediment, and/or impairment, effectively obviating the need for aquatic therapy in question. It was not, furthermore, clearly stated why the applicant could not perform land-based therapy and/or land-based home exercises in light of her normal gait. Therefore, the request was not medically necessary.

Home Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Similarly, the request for home interferential unit (purchase) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator on a purchase basis should be predicated on an evidence of favorable outcome during an earlier one month trial of same, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider seemingly prescribed and/or dispensed the article in question on January 14, 2015, without having the applicant first undergo a one month trial of the same, so as to ensure favorable response before moving forward with the request to purchase a device in question. Therefore, the request was not medically necessary.

Moist Head Pad (Thermophore): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 299.

Decision rationale: Finally, the request for a moist heating pad was medically necessary, medically appropriate, and indicated here. The applicant's primary pain generators here were the neck and low back. As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 174 and ACOEM Chapter 12, Table 12-5, page 299, at home local applications of heat and cold are recommended as methods of symptom control for neck and low back pain complaints, as were present here, on and around the date in question. The moist heating pad in question represented a simple, low-tech means of applying heat therapy. Such usage is, moreover, supported by ACOEM. Therefore, the request was medically necessary.