MAXIMUS Federal Services

Case Number:	CM14-0136958		
Date Assigned:	08/29/2014	Date of Injury:	10/25/2013
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier cervical fusion surgery on August 1, 2014; a cervical collar; and extensive periods of time off of work. In a Utilization Review Report dated July 21, 2014, the claims administrator denied a request for 18 sessions of aquatic therapy for the cervical spine. The applicant's attorney subsequently appealed. In a progress note dated September 3, 2014, the applicant was placed off of work, on total temporary disability, through October 3, 2014. The applicant stated that her neck pain, headaches, and balance problems were improved following the earlier multilevel cervical fusion surgery on August 1, 2014. On July 22, 2014, the applicant consulted a neurosurgeon, was apparently given a diagnosis of cervical myelopathy and was asked to pursue a surgical remedy. On July 21, 2014, authorization was sought for a C4-C7 decompression and fusion procedure with 12 sessions of postoperative therapy. In a handwritten note dated June 9, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant was considering cervical spine surgery at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy three times a week for six weeks for the neck Quantity: 18: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Fusion SurgeryAquatic Therapy topic. Page(s): 22.

Decision rationale: The request was apparently initiated on July 14, 2014, suggesting that it was, in fact, a postoperative request following planned cervical fusion surgery of August 1, 2014. The MTUS Postsurgical Guidelines notes that an initial course of therapy meets one-half of the number of visits specified for the general course of therapy for the specific surgery. In this case, the applicant underwent a multilevel cervical fusion surgery. The MTUS Guidelines supports a general course of 24 sessions of treatment for the same. One-half of 24 is 12 visits. While approval of the 18-session course does represent treatment slightly in excess of MTUS parameters, in this case, however, the applicant underwent a major multilevel cervical fusion surgery at C4-C7 to ameliorate issues associated with cervical myelopathy. The applicant was having balance issues and was reportedly falling prior to undertaking the surgery of August 1, 2014. Treatment slightly beyond MTUS parameters was likely indicated on and around the date in question, particularly in light of the fact that page 22 of the MTUS Chronic Pain Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, reduced weight bearing was likely desirable given the applicant's issues with cervical myelopathy, impaired balance, and falling. Therefore, the request is medically necessary.