MAXIMUS Federal Services

Case Number:	CM14-0175807		
Date Assigned:	10/28/2014	Date of Injury:	11/17/2013
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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:

There were 108 pages provided for this review. The application for independent medical review was signed on October 20, 2014. It was for aquatic therapy for the back and the hips for 12 sessions and also a TENS unit purchase. There was a peer review from October 9, 2014. Per the records provided, the claimant was born on October 16, 1974. The claimant had an industrial injury on November 7, 2013. As of October 2, 2014, there was significant lower back pain radiated to the right lower extremity. She also had bilateral shoulder pain. It was noted that she completed chiropractic care with minimal relief. Aquatic therapy was ordered. She continued to take medicines for pain which allowed her to function. Current medicines include Medrox pain relief ointment, Naproxen Sodium, Omeprazole, Orphenadrine and Tramadol. The physical examination showed limited range of motion in the thoracolumbar spine in the seated straight leg raise is negative bilaterally. Muscle testing in the lower extremities was five out of five in the reflexes are intact. The treatment plan includes the claimant to continue with medicines as before, and a TENS unit will be ordered as she found relief with electrical stimulation during her chiropractic care. A course of aquatic therapy was requested to allow the claimant to strengthen her back and lower extremities in a non-weight bearing environment because she is overweight. The MRI of the lumbar spine from February 2014 showed facet arthropathy but no evidence of spinal stenosis or neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for Back and Hips (3 x 4) 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 8 and 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regarding aquatic therapy.

Decision rationale: Specifically regarding aquatic therapy, the cited guides note under Aquatic Therapy: Recommended as an optional form of exercise therapy, where available, 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. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing.The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point.Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled therapy is not medically necessary.

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence including diabetic neuropathy and post-herpetic neuralgia. - Phantom limb pain and CRPS II: Some evidence to

support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There is mention of subjective improvement during therapy from its use, but no specifics mentioned in the evidence based guide. There was no evidence of such in these records. The request is not medically necessary.