

Case Number:	CM14-0205459		
Date Assigned:	12/17/2014	Date of Injury:	04/14/1995
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 71 year old female with an injury date of 04/14/95. Based on the 07/28/14 progress report, the patient presents with severe axial arthritis, secondary fibromyalgia, and hyperlipidemia. She has fatigue, neck pain, and back pain. The 10/22/14 report indicates that the patient has depression and cervical spine pain. No additional positive exam findings were provided. The patient is currently taking Topamax, Alprazolam, Mirtazapine, Gabapentin, Prevacid, and Amrix. The patient's diagnoses include the following: 1. Arthritis of neck 2. Lumbar spine osteoarthritis 3. Osteoarthritis 4. Fibromyalgia 5. Hyperlipidemia 6. Major depression, recurrent episode 7. Cervical disc disease and chronic pain The utilization review determination being challenged is dated 11/26/14. There were three treatment reports provided from 07/28/14, 10/22/14, and 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy twice a month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress Chapter on Cognitive Behavior Therapy.

Decision rationale: The patient presents with severe axial arthritis, secondary fibromyalgia, and hyperlipidemia. The request is for individual psychotherapy twice a month to prevent further decompensation and reduced level of functioning. MTUS Guidelines pages 101-102 on psychological treatments, states that it is recommended for appropriately identified patients during treatment of chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG under the Mental Stress Chapter on Cognitive Behavior Therapy recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and, with evidence of objective functional improvement, up to 6 to 10 visits over 5 to 6 weeks. For major depression, 16-20 sessions trial and up to 40 sessions with significant improvement are recommended. The provided reports do not mention if the patient had any prior psychotherapy sessions. The patient is diagnosed with major depression as well as chronic pain. In this case, the treater is requesting psychotherapy twice a month (number of months not indicated). Since the number of months of psychotherapy is not clear, it is unclear how many total sessions of psychotherapy the treater is asking for. In addition, the reports do not discuss what psychological treatments this patient has had and with what benefit. Therefore, the requested psychotherapy sessions twice a month is not medically necessary.

Aqua therapy-pool exercise therapy (classes) one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and on the Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22; 98-99.

Decision rationale: The patient presents with severe axial arthritis, secondary fibromyalgia, and hyperlipidemia. The request is for aquatherapy-pool exercise therapy (classes) one year to "maintain range of motion and blood flow to the affected area to prevent further deterioration to the cervical vertebrae." MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 through 99 have the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The 10/22/14 report indicates that the patient has had prior aquatic therapy. "She benefits greatly from the exercise in the pool to maintain muscle strength and muscle mass in the neck and arms... She had an interruption of aqua therapy due to her husband's death from cancer." It appears that the patient had prior aquatic therapy; however, there is no indication of when this therapy occurred or how frequently. There is no documentation of any specific functional improvement from the aquatic therapy either. There are only general statements provided regarding aquatic therapy stating that the patient benefits greatly from the exercise in the pool to maintain muscle strength and muscle mass in the neck and arms." There is no discussion provided as to why the patient cannot complete land based therapy. None of the reports mentioned if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. The requested aqua therapy is not medically necessary.