

Case Number:	CM15-0110152		
Date Assigned:	06/16/2015	Date of Injury:	09/30/2010
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female injured worker suffered an industrial injury on 09/30/2010. The diagnoses included cervical sprain/strain, lumbar disc displacement, lumbar muscle spasms, lumbar sprain/strain, lumbosacral disc degeneration, right/left shoulder myoligamentous injury, rotator cuff syndrome and right/left carpal tunnel syndrome. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications. On 4/29/2015 the treating provider reported complaints of cervical spine occasional to intermittent moderate to severe pain 7 to 8/10 pain radiating to the hands. There was intermittent low back pain with numbness radiating to the bilateral lower extremities. The right/left shoulder pain was moderate to severe 7 to 8/10. The wrists had moderate to severe pain 7 to 8/10. The treatment plan included LINT- 3 sessions for the lumbar spine and Aquatic therapy for the lumbar spine and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT- 3 sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Back Chapter, Hyperstimulation Analgesia.

Decision rationale: Regarding the request for LINT, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. ODG states that this treatment is not recommended. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested LINT is not medically necessary.

Aquatic therapy for the lumbar spine and wrists for 8 sessions, 2x4: 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 x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment for the lumbar spine and wrists. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.