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| Case Number: | CM15-0173261 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 10/08/2007 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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

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 injured worker is a 56 year old female, who sustained an industrial injury on 10-8-2007. Medical records indicate the worker is undergoing treatment for cervical spine surgery in 2009, spinal cord stimulator trial, chronic neck, mid and low back pain, cervical and lumbar degenerative disc disease, reactive myofascial pain, lumbosacral radiculopathy and moderate depression. A recent progress report dated 7-31-2015, reported the injured worker complained of pain in her neck, low back, bilateral shoulders, arms and feet and left leg, rated 8 out of 10. The injured worker reported needing assistance with grooming, home duties, childcare, heavy lifting, cleaning and yard work. Physical examination from the same progress note revealed cervical paraspinal muscle spasm that extends through the thoracic and lumbar regions. Cervical range of motion was flexion 60 degrees, extension 30 degrees, rotation 45 degrees and side bending 10 degrees. Thoraco-lumbar range of motion was 70 degrees of flexion and extension 10 degrees. Cervical magnetic resonance imaging from 6-11-2015 showed artificial discs from surgery and no unusual findings. Treatment to date has included surgery, biofeedback, home exercise program, physical therapy, TENS (transcutaneous electrical nerve stimulation), trigger point injections, massage, biofeedback, chiropractic care, nerve blocks, acupuncture, relaxation training and medication management. Current medications include Tramadol, Aspirin, Tylenol and a multi-vitamin. On 8-7-2015, the Request for Authorization requested an Aquatic program for 6 months and a Reassessment visit for 4 hours. On 8-13-2015, the Utilization Review noncertified the request for an Aquatic program for 6 months and a Reassessment visit for 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic program x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

Decision rationale: The patient presents with pain in her neck, lower back, bilateral shoulders, arms, feet, and left leg. The request is for aquatic program x 6 months. The request for authorization is dated 08/07/15. MRI of the cervical spine, 06/11/15, shows presumed artificial discs versus interbody fusion device at C4-5 and C5-6; no unusual post surgical findings. Physical examination reveals progressive signs of obesity and characterizes herself as markedly deconditioned. Pain described in the posterior cervical region. Pain and muscle spasm in the paraspinous cervical left greater than right on palpation from the suboccipital through the cervical, thoracic, and lumbar regions. Tenderness is more left paraspinous than midline. Patient's treatments include pain medication, physical therapy, TENS unit, massage, trigger point injections, nerve blocks, psychotherapy, acupuncture, and relaxation training as improving her conditions. The patient describes braces/casts, exercise program, surgery, biofeedback, and chiropractic treatment as having no change in her condition. In addition, she describes traction as having worsened her condition. Patient's medications include Tramadol, Aspirin, Tylenol, and Centrum Silver. Per progress report dated 06/17/15, the patient is permanent and stationary. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Treater does not discuss the request. In this case, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, there are no details nor discussion about the need for the use of specialized equipment such as a pool and the medical necessity for a pool is not established. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.

Reassessment visit x 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient presents with neck, lower back, bilateral shoulders, arms, feet, and left leg. The request is for reassessment visit x 4 hours. The request for authorization is dated 08/07/15. MRI of the cervical spine, 06/11/15, shows presumed artificial discs versus interbody fusion device at C4-5 and C5-6; no unusual post surgical findings. Physical examination reveals progressive signs of obesity and characterizes herself as markedly deconditioned. Pain described in the posterior cervical region. Pain and muscle spasm in the paraspinous cervical left greater than right on palpation from the suboccipital through the cervical, thoracic, and lumbar regions. Tenderness is more left paraspinous than midline. Patient's treatments include pain medication, physical therapy, TENS unit, massage, trigger point injections, nerve blocks, psychotherapy, acupuncture, and relaxation training as improving her conditions. The patient describes braces/casts, exercise program, surgery, biofeedback, and chiropractic treatment as having no change in her condition. In addition, she describes traction as having worsened her condition. Patient's medications include Tramadol, Aspirin, Tylenol, and Centrum Silver. Per progress report dated 06/17/15, the patient is permanent and stationary. MTUS chronic pain guidelines 2009, pg. 49 and Functional Restoration Programs section, recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). Treater does not discuss the request. In the case, the patient had an interdisciplinary assessment at the Health Education for Living with Pain (HELP) Program to determine whether the patient is an appropriate candidate for participating in an interdisciplinary pain rehabilitation program on 07/31/15. It appears the candidate was not a suitable candidate, and treater is requesting a reassessment after the patient completes a 6 month aquatic program. However, the aquatic program has not been authorized. Therefore, the request IS NOT medically necessary.

