

Case Number:	CM15-0090126		
Date Assigned:	05/14/2015	Date of Injury:	10/26/2005
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational Medicine

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 (n) 50-year-old female, who sustained an industrial injury on 10/26/05. She reported pain in her neck and back. The injured worker was diagnosed as having cervical myoligamentous injury with bilateral upper extremity radiculopathy and lumbar myoligamentous injury with bilateral lower extremity radiculopathy. Treatment to date has included a cervical epidural injection on 11/12/14 with 60% relief for 4 months, NSAIDs, muscle relaxants and an EMG study of the upper extremities. As of the PR2 dated 3/31/15, the injured worker reports ongoing neck pain with debilitating cervicogenic headaches, which turn into migraines. She rates her pain an 8/10. She has been recommended for a cervical fusion, but does not want surgical intervention at this time. Objective findings include decreased cervical range of motion, tenderness to palpation and muscle rigidity. The treating physician requested aquatic therapy 2 x weekly for 6 weeks to the cervical spine and light therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Cervical Spine 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. There is no available documentation that would support the necessity of a reduced-gravity form of therapy in the injured worker. The current request exceeds the number of therapy sessions recommended by the MTUS Guidelines. The request for Aquatic Therapy Cervical Spine 2 Times A Week for 6 Weeks is determined to not be medically necessary.

Light Therapy (Number of Visits Not Specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/Light Therapy Section.

Decision rationale: The MTUS guidelines do not address the use of light therapy for depression, therefore, other guidelines were consulted. Per the Official Disability Guidelines, light therapy for depression is recommended. Meta-analyses revealed that a significant reduction in depression symptom severity was associated with bright light treatment and dawn simulation in seasonal affective disorder and with bright light treatment in non-seasonal depression. Results are mixed as to whether or not bright light as an adjunct to antidepressant pharmacotherapy for non-seasonal depression is effective. Most studies conclude that for patients suffering from non-seasonal depression, bright light therapy offers modest though promising anti-depressive efficacy, especially when administered during the first week of treatment, in the morning, and as an adjunctive treatment to sleep deprivation responders. Hypomania as a potential adverse effect needs to be considered. This is a non-specific request in regards to the number of treatments; therefore, the request for Light Therapy (Number of Visits Not Specified) is determined to not be medically necessary.