

<b>Case Number:</b>	CM13-0053488		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 27-year-old injured worker who reported injury on 08/21/2012. The mechanism of injury was noted to be the patient was looking for an item in the back room, pulled the rack for the item, reached for the item and 3 boxes of unknown weight fell onto the patient's right shoulder, upper right back and lower right back. The patient was noted to be treated with pool therapy that helped the patient with radiculopathy and a low back brace that helped decrease pain and strengthening of the low back. On the most recent clinical examination the patient had tenderness to palpation over the lumbar spinous process of L3-S1 and associated paraspinal muscles. There was diffused paravertebral tenderness at the paralumbar muscles, SI joints, sciatic notch and sacral base bilaterally. There was noticeable significant muscle spasms and guarding throughout the lower lumbar muscles. There was pain felt in full range of motion and a positive Kemp's bilaterally. There was tenderness to palpation over the acromioclavicular joint, coracoid process, bicipital groove, deltoid bursa and glenohumeral joint on the right and pain with range of motion of the shoulders. Gross muscle strength was 3/5 on the right shoulder and there was a positive impingement test on the right. The diagnostic impressions were noted to be lumbar spine discopathy, lumbar spine radiculopathy, right shoulder rotator cuff tear and right shoulder impingement syndrome. The treatment plan was noted to include physical therapy 2 times a week for 3 weeks consisting of pool therapy for the lumbar spine, a consult and treatment with a pain management specialist, [REDACTED] for the lumbar spine, and a Functional Capacity Evaluation to evaluate for possible permanent work restrictions, possible permanent and stationary next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy two times a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. Clinical documentation submitted for review indicated the patient had prior pool therapy which assisted with the radiculopathy as well as the low back pain. However, there was lack of documentation of objective functional improvement as well as the quantity of sessions the patient participated in. Additionally, there was a lack of documentation indicating the patient had a necessity for reduced weight bearing. There was a lack of documentation per the submitted request as to what body part the pool therapy would be for. The request for pool therapy twice a week for 3 weeks is not medically necessary and appropriate.

**Functional capacity evaluation:** 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, FCE

**Decision rationale:** The ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. There was a lack of documentation indicating the patient had a prior unsuccessful attempt to return to work. The request for functional capacity evaluation is not medically necessary and appropriate.

**Pain management consultation and treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The patient indicated that medication no longer helped provide relief of the complaints and that the pain level was an 8/10 in severity. Clinical documentation submitted for review failed to indicate the patient was taking opioids and any other medications that were being taken. The request for both a consultation and treatment would not be supported as there could be no decision on further treatment without a consultation. The request for a pain management consultation and treatment is not medically necessary and appropriate.