

Case Number:	CM13-0069411		
Date Assigned:	01/03/2014	Date of Injury:	07/24/2001
Decision Date:	04/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/22/2013

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 and Pain Management 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 68-year-old male with date of injury of 07/24/2001. Per treating physician's report, 11/25/2013, the listed diagnoses are chronic low back pain and degeneration of lumbar intervertebral disk. This report indicates that the patient had consultation with [REDACTED] Chronic Pain Management Program with recommendations for level two (2) CPP classes to learn additional ways to cope and manage his chronic pain symptoms, directed home exercise program, follow-up with marriage and family therapy, and continued use of Tylenol No. 3. The treatment recommendations were six (6) visits of water therapy and ten (10) class sessions in marriage and family therapy. The patient's presenting symptoms are chronic axial low back, buttock, groin, leg pain, radicular facet arthropathy, and possible sacroiliac (SI) joint contribution. An MRI from 04/05/2013 of the lumbar spine, showed multilevel degenerative disk disease, moderate to severe bilateral foraminal stenosis at L5-S1. The patient was seen by a surgeon on 07/24/2013 who did not recommend surgical intervention of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL SIX (6) VISITS OF AQUA THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Low Back (updated 12/04/13), Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: This patient presented with chronic low back, bilateral lower extremity pain, and pain in the groin and buttocks. The treating physician requested six (6) sessions of initial aqua therapy according to the report of 11/25/2013. None of the reports mention the patient's weight status, and none of the reports reviewed from 08/15/2013 to 11/25/2013 show whether or not the patient is able to tolerate land-based therapy and the reason behind aqua therapy. There are no therapy reports provided, and review of all the reports provided in this file do not discuss recent prior history of physical therapy, aqua therapy, or other treatments. The patient did have an epidural steroid injection that did not help, and the patient is being referred to pain management at [REDACTED]. The Chronic Pain Guidelines indicate that aqua therapy is an optional form of exercise therapy, but it should be reserved for people with extreme obesity, which have difficulty handling weight bearing. In this case, there is no documentation that this patient is extremely obese requiring reduced weight bearing for exercises. There is no documentation that the patient is not able to tolerate land-based therapy. Recommendation is for denial.

TEN (10) CLASS SESSIONS WITH CHRONIC PAIN PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: This patient presented with chronic low back and bilateral lower extremity pains. The treating physician has asked for ten (10) sessions of chronic pain program at [REDACTED]. These appeared to be for group pain program sessions and are not a full blown Functional Restoration Program. The Chronic Pain Guidelines do not specifically address pain classes, but does recommend Functional Restoration Program as long as the patients are considered good candidates. In this case, the patient has been consulted by [REDACTED] Chronic Pain Program and deemed a good candidate for their classes. Pain classes can be quite helpful in educating these patients regarding their chronic pain condition. Recommendation is for authorization.

PSYCHOLOGICAL FOLLOW-UP VISITS WITH MARRIAGE AND FAMILY THERAPIST (MFT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Stress Related Conditions. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), page 1068

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: This patient presented with chronic low back and lower extremity pains. The treating physician has asked for marriage and family counseling. Although the Chronic Pain

Guidelines support cognitive behavioral therapy, there is no discussion regarding marriage and family counseling that would help the patient's chronic pain. Psychological treatments are recommended for chronic pain for conceptualization of patient's pain beliefs, coping styles, assessing psychological and cognitive function, addressing comorbid mood disorder such as depression, anxiety, panic disorder, posttraumatic stress disorder. For behavioral interventions, initial three to four (3 to 4) sessions of psychotherapy visits over two (2) weeks is recommended and up to ten (10) visits over five to six (5 to 6) weeks. Given the lack of discussion regarding marriage and family therapy for chronic pain, recommendation is for denial.