

<b>Case Number:</b>	CM14-0138322		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 a 45 year-old with a reported date of injury of 06/04/2010 that occurred while moving a heavy refrigerator. The patient has the diagnoses of chronic pain syndrome; post laminectomy syndrome, lumbar disc displacement with radiculitis and lumbosacral spondylosis. Past treatment modalities have included L5/S1 fusion in 2013, transforaminal epidural steroid injections, physical therapy and median branch nerve blocks. The most recent progress note provided by the treating physician is dated 01/07/2014. In that note the patient had complaints of diffuse low back pain. Physical exam noted left lumbar paraspinals tenderness positive bilateral facet loading test and straight leg raise and restricted lumbar range of motion. Sensory exam noted decreased sensation on the right L3 and L4 dermatome to the knee. Treatment recommendations included request for acupuncture, medication continuation and home exercise program. Per the utilization review an orthopedic QME performed 05/21/2014 recommended a work hardening program with aqua and physical therapy to prepare the patient for work. The primary treating physician made the same request on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 sessions of aqua therapy for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Medicare and Medicaid Services.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines section on aquatic therapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)." Per the progress notes provided for review, the patient has a BMI of 28. This does not qualify the patient as morbidly obese. There is also no other indication as to why land based physical therapy could not be performed over aquatic therapy. For these reasons recommendation guidelines have not been met and the request is not medically necessary.

**Work hardening program for low back (unspecified visits):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening Page(s): 125.

**Decision rationale:** The California chronic pain medical treatment guidelines section on work hardening states: "Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient

compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." The patient is currently over 2-year post injury. The provided documentation also does not indicate the patient's inability to achieve current job demands due to a musculoskeletal condition. The request is also not for a define 2 week trail with reevaluation for evidence of gain. For these reasons the criteria set forth above have not been met and the request is not medically necessary.