

<b>Case Number:</b>	CM14-0160261		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 50 year old male with the date of injury 07/20/2012, mechanism of injury is not provided. His diagnoses included lumbar discopathy, lumbar spine disc herniation with intermittent left-sided radiculopathy and plantar fasciitis bilaterally. His past treatments included chiropractic treatment and acupuncture. Diagnostics included a MRI of the lumbar spine without contrast and a radiograph of the lumbosacral spine on 02/26/2014. No surgical history was provided for review. His compliant on exam date 09/04/2014 was spine and right leg pain with numbness and tingling. 09/04/2014 physical exam findings included significantly reduced range of motion and inability to heel walk. Lumbar spine examination noted midline tenderness and positive muscle spasm. Current medications not submitted for review. The treatment plan includes a recommendation for eight additional visits of aqua therapy. The treating provider reports benefit from previous aquatic therapy. A Request for Authorization was submitted on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 x 3, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

**Decision rationale:** The request for aquatic therapy two (2) times a week for three (3) weeks is not medically necessary. The injured worker had complaints of spine and right leg pain with numbness and tingling. California MTUS guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Additionally, California MTUS physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). However there is no documented objective evidence of functional improvement from the previous aquatic treatments submitted for review. There is lack of documentation indicating the need for reduced weight bearing. The number of sessions the injured worker had previously undergone was not submitted for clinical review. As such the request for aquatic therapy is not medically necessary.

**Tramadol/APAP 37.5/325mg #160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 77-78.

**Decision rationale:** The request for Tramadol/APAP 37.5/325mg #160 is not medically necessary. The injured worker complained of spine and leg pain. The California MTUS Guidelines recommend ongoing for functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen for inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document and adequate and complete pain assessment within the documentation. Additionally the use of a urine drug screen was not submitted for clinical review. Therefore, the request for Tramadol/APAP 37.5/325mg is not medically necessary.