

<b>Case Number:</b>	CM14-0038738		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/21/1996
<b>Decision Date:</b>	08/09/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/21/1996. Mechanism of injury is described as chronic overuse. Patient has a diagnosis of spinal stenosis with facet arthropathy, degenerative disc disease, hip pain and sacral pain. Medical records reviewed. Last report available until 2/5/14. Patient complains of neck and back pains. Patient has stiffness of hips and knees. Patient has baseline chronic pain for decades but note does not state how the chronic pain was acutely was exacerbated. Activity worsens pains. Pain is 5-8/10. Heat improves tightness but there is no documentation of objective improvement. Aquatic therapy has reportedly increased function, able to walk around the corner and complete shopping instead of going less than 2 blocks. As of the time of record, it states that patient has completed 6 sessions. Objective exam reveals tight but normal range of motion of neck with tenderness to base. Rom of lumbar spine is decreased with tenderness to lumbar spine area. There is no spasms. Hip exams shows limited ROM due to pain. MRI of Lumbar spine(8/10) shows degenerative changes and multi level disc disease with mild-moderate spinal stenosis. Medication list include Norco, Aleve, Robaxin, Avapro, Diltiazem, Fluoxetine, Lipitor and Hydrochlorthiazide. Independent Medical Review is for additional Aquatic Therapy 2-3/week for 3months(36treatments) and thermal lumbar wraps. Prior UR on 3/21/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy 2-3/week for 3 months (app. 36 treatments): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 91, Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, patient meets requirement for physical medicine sessions via aquatic therapy. There is documentation of improvement in function with these sessions. However, the number of requested sessions is excessive and not supported by MTUS guidelines. Physical medicine sessions are suppose to teach the patient to continue independently directed sessions so as not to lose progress. It is not suppose to continue indefinitely as a maintenance sessions. There is no documentation as to patient's attempt at attempted self directed sessions at a pool. MTUS guidelines recommend 3 sessions a week fading to less than 1. The maximum number of sessions recommended for patient's pathology is up to 10 sessions. The number of requested sessions and intensity of sessions for this pathology does not meet MTUS criteria. Therefore, this request is not medically necessary.

**Thermal lumbar wraps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** As per ACOEM guidelines, heat is recommend during the acute to subacute phase of injury for temporary relief of pain and may be recommended during flare ups. Patient's pain is chronic. There is also no documentation as to why patient has to use a proprietary thermal lumbar wrap. Therefore, the request for thermal lumbar wraps is not medically necessary.