

Case Number:	CM14-0098922		
Date Assigned:	07/28/2014	Date of Injury:	09/11/2007
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 56 year old female presenting with chronic pain following a work related injury on 9/11/2007. On 4/30/2014, the claimant was complained of chronic bilateral low back pain, right sided lumbar muscle cramps, right thigh and groin pain. The claimant reported that the medications remain helpful and provide functional gains. The claimant has a spinal cord stimulator in place that was last reprogrammed on 3/5/2014. The physical exam showed lumbar tenderness and hip tenderness, decreased sensation, and tenderness over the right sacroiliac sulcus. The claimant was diagnosed with lumbosacral neuritis nos, lumbar disc displacement, lumbago, lumbosacral spondylosis, spinal stenosis-lumbar and post-surgical states.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 12,22.

Decision rationale: Pool therapy 3 times per week for 6 weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an

alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12, 22 aqua therapy is recommended where weight bearing is contraindicated. There is no documentation that weight bearing exercises were contraindicated as result of a co-morbid condition; therefore, the requested service is not medically necessary.

Spinal Cord Stimulator reprogramming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 32.

Decision rationale: Spinal Cord Stimulator Reprogramming is not medically necessary. Per Ca MTUS spinal cord stimulator recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The claimant did not seem to have failed conservative therapy as the medical records noted that she could not be effectively weaned off the opioid medications; Additionally, the claimant had reprogramming one month prior to requested service; therefore, spinal cord stimulator reprogramming is not medically necessary.