

<b>Case Number:</b>	CM14-0198847		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Occupational 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:

This individual is a 62 year old male who developed chronic spinal, shoulder and knee problems subsequent to an injury dated 6/1/93. He has been diagnosed with a cervical myelopathy, chronic cervical pain, chronic lumbar pain, bilateral rotator cuff tears with pain and significant knee arthritis. He has been treated with a C2-T1 fusion and an L4-5 fusion. He has also been treated with greater than 100 sessions of therapy and record support nearly continuous therapy during '13. It is reported that this individual likes the therapy and it is beneficial. Ongoing therapy has been denied in U.R. due to the extensiveness of prior therapy. For unknown reasons an independent pool access program was denied in June '14. He remains on significant levels of oral analgesics. Prior epidural injections are reported to provide significant relief for 6-8 weeks, but no corresponding diminished use of medications is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve pool therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** California MTUS post-surgical guidelines recommend up to 48 sessions of post-operative as being adequate for his particular diagnosis. The extent of hands on therapy has greatly exceeded this amount. However, guidelines do support aquatic based exercises for an individual with this patient's condition and limitations with land based exercises. Access to a pool for independent exercising may be reasonable, but the medical necessity of ongoing supervised 12 sessions of hand on pool therapy sessions is not guideline supported. The additional 12 sessions of supervised pool therapy sessions are not medically necessary.

**Twelve land therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** California MTUS post-surgical guidelines recommend up to 48 sessions of post-operative as being adequate for his particular diagnosis. The extent of hands on therapy has greatly exceeded this amount. However Guidelines do support aquatic based exercises for an individual with this patient's condition and limitations with land based exercises. Access to a pool for independent exercising may be reasonable, but the medical necessity of ongoing supervised 12 sessions of supervised land based therapy is not Guideline supported. The additional 12 sessions of supervised land based therapy is not medically necessary.

**One bilateral L4-5 nerve root block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Injections

**Decision rationale:** California MTUS Guidelines are very specific regarding the criteria to support repeat epidural injections. There should be prolonged significant relief and diminished use of pain medications during this time period. Although relief is documented visual analog scale (VAS) scores appear to remain the same and no change in medication use is reported. These are not benign procedures in the elderly population with Official Disability Guidelines (ODG) noting that epidural injections significantly increase the risk of spinal fractures. Under these circumstances the request for repeat epidural injections is not consistent with Guidelines and the repeat Bilateral L4-5 nerve block (transforaminal epidural) is not medically necessary.