

<b>Case Number:</b>	CM15-0000638		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/06/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female patient, who sustained an industrial injury on 07/06/2006. A QME re-evaluation dated 11/19/2014 reported the patient complained of much pain in the epigastrium and her heartburn decreased with water; she stated these complaints were increased and present since her back surgery. She further stated that since having undergone an endoscopy in 2012 she is still experiencing nausea, pain, acid and reported that she had been taking omeprazole without any relief. She later reported no having had omeprazole in 6 months and was told to stop all medications. She reported stopping all except Motrin. The patient has undergone her third back surgery 07/10/2013. The following medications were currently prescribed; Cymbalta, Neurontin, and Motrin. Physical examination found the abdomen obese with normal bowel sounds. there was 3 plus tenderness over the upper abdomen and right upper quadrant with positive Murphy's sign. Extensive stria ar enoted, the liver edge is tender and is palpable at the rib margin. There was no organomegaly or rebound tenderness. She is diagnosed with; post-operative posterior spine athrodesis, L4-L-5 and L5-S-1 with instrumentation bone graft 02/2009, status post revision hardware l4-S 1 04/04/2009, status post implantation and subsequent removal of dorsal column stimulator and spinal field stimulator 04/2010 and lastly, post-operative status removal of hardware augmentation of fusion, L4 - S-1, removal fo broken screw and decompression L 5 laminectomy 07/10/2013. On 12/19/2014 Utilization Review non-certified the request for aquatherapy 6 sessions and consultation with Gastrointestinal physician. The injured worker submitted an application for IMR for review of requested services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatherapy; 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy

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

**Decision rationale:** The patient presents with lower back pain radiating to lower extremities. The request is for AQUATHERAPY; 6 SESSIONS. The request for authorization is dated 12/05/14. The patient is status-post lumbar fusion 04/04/09 with failed fusion, status-post, status post failed trial dorsal column stimulator 04/27/10. Patient's current medications include Neurontin, Protonics, Cymbalta and Zantac. MRI of the lumbar spine 02/11/14 shows disc desiccation at L4-L5 an L5-S1, Schmorl's node at L3, hemangioma at L1, straightening of the lumbar lordotic curvature, and broad-based posterior disc herniation at L4-5 and L5-S1. Ultrasound of the abdomen 07/02/14 shows evidence of a large stone in the neck of the gallbladder. The patient is on modified work duty, P&S.MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatictherapy. 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).MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Treater has not provided reason for the request. In reviewing submitted reports, there is no indication as to why the patient cannot participate in traditional weight-bearing exercises and how aquatic therapy will benefit her. Furthermore, per UR letter dated 12/19/14, patient has already attended 14 sessions of authorized physical therapy in 2014. The request for 6 additional sessions would exceed what is allowed by guidelines. Therefore, the request IS NOT medically necessary.

**Internal medicine for GI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The patient presents with lower back pain radiating to lower extremities. The request is for INTERNAL MEDICINE FOR GI. The request for authorization is dated 12/05/14. The patient is status-post lumbar fusion 04/04/09 with failed fusion, status-post, status post failed trial dorsal column stimulator 04/27/10. Patient's current medications include Neurontin, Protonics, Cymbalta and Zantac. MRI of the lumbar spine 02/11/14 shows disc desiccation at L4-L5 and L5-S1, Schmorl's node at L3, hemangioma at L1, straightening of the lumbar lordotic curvature, and broad-based posterior disc herniation at L4-5 and L5-S1. Ultrasound of the abdomen 07/02/14 shows evidence of a large stone in the neck of the gallbladder. The patient is on modified work duty, P&S. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per progress report dated 12/05/14, treater's reason for the request is for the patients GI symptoms. In this case, based on the patient's symptoms, a consultation would be reasonable and within guidelines. An internist may help with appropriate diagnosis and management of such pain and discomfort. Therefore, the request IS medically necessary.