

Case Number:	CM15-0106478		
Date Assigned:	07/17/2015	Date of Injury:	08/28/1988
Decision Date:	08/12/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on August 28, 1988. Treatment to date has included TENS unit, pain medications, anti-depressant medications, NSAIDS, aquatic therapy, psychotherapy, and work modifications. Her medical history includes fibromyalgia, osteopenia, depression and rheumatoid arthritis. The evaluating physician notes that the injured worker reported reduced tolerance for standing, walking and other upright activities after she tapered her fentanyl patch use. She noticed impairment in her sleep and reported inadequate pain control. She reported that use uses a large electric heating pad to her low back and uses a foam wedge between her legs when she sleeps. She also uses a small electric heating peripheral artery disease to her neck and upper back. She reports that she uses Duragesic patches every three days and uses Norco for pain as well. She reported that using a TENS unit was beneficial as well. Her pain medications are necessary for her to perform activities of daily living and any prolonged or repetitive upright activities including sitting, standing or walking aggravate her pain. The evaluating physician noted that the injured worker's aquatic therapy was integral to her maintaining her condition. She reports a 40% reduction in her pain with the use of her current medications. Her medication regimen includes Duragesic patch, Norco, Methotrexate, Remicade, Xanax and Ambien. She uses a nutritional supplement for depression. On physical examination the injured worker has tenderness to palpation over the cervical, thoracic and lumbar spine. A straight leg raise test was positive on the right. The diagnoses associated with the request include lumbar degenerative disc disease, chronic cervicalgia, chronic back pain, right lumbosacral radiculitis, pain-related insomnia, and

situational depression and anxiety. The treatment plan includes six sessions of aquatic therapy, opiate detoxification consultation and additional psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of aquatic therapy: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in 1988 continues to be treated for chronic neck and low back pain. She underwent a lumbar decompression and fusion. Prior treatments have included aquatic therapy and psychotherapy treatments since 2013. When seen, there was moderate cervical spine tenderness with spasms, and slight tenderness throughout the thoracic spine. There was lumbar spine tenderness with positive right straight leg raising. There was decreased right hip strength and right lower extremity sensation. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has chronic low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected. The request was within guideline recommendations and can be considered as being medically necessary.

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Cognitive therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in 1988 continues to be treated for chronic neck and low back pain. She underwent a lumbar decompression and fusion. Prior treatments have included aquatic therapy and psychotherapy treatments since 2013. When seen, there was moderate cervical spine tenderness with spasms, and slight tenderness throughout the thoracic spine. There was lumbar spine tenderness with

positive right straight leg raising. There was decreased right hip strength and right lower extremity sensation. In terms of psychotherapy treatments for cognitive deficits, guidelines recommend an initial trial of 6 visits over 6 weeks with a total of up to 13-20 visits over 13-20 weeks if there is evidence of functional improvement. In this case, the claimant has already had psychotherapy treatments for more than two years. The request was not medically necessary.