

Case Number:	CM15-0142792		
Date Assigned:	08/03/2015	Date of Injury:	09/30/1994
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 71-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 1994. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for aquatic therapy. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported chronic, intractable low back and lower extremity pain. The applicant was using an intrathecal pain pump for pain relief, it was reported. The applicant was apparently mixing alcohol with his intrathecal medications, it was suggested. The applicant was using a cane to move about. The applicant did drive himself into the clinic, however, it was acknowledged. The applicant stood 5 feet 6 inches tall and weighed 275 pounds, it was reported. The applicant had developed derivative psychiatric symptoms owing to his chronic pain complaints, it was reported. The applicant was asked to continue aquatic therapy. An intrathecal pain pump reprogramming request was initiated. The applicant was asked to eschew further alcohol consumption. The applicant was asked to continue aquatic therapy. The applicant's work status was not detailed, although it did not appear that the applicant was working. It was suggested that the applicant was currently receiving aquatic therapy at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy (unknown number of visits) low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic therapy; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 8.

Decision rationale: No, the request for unspecified amounts of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained dependent on a cane and intrathecal drug delivery, it was reported on June 15, 2015, despite receipt of prior unspecified amounts of aquatic therapy. The applicant's work status was not detailed, suggesting that the applicant was not working. It did not appear, in short, that the applicant had profited from earlier unspecified amounts of aquatic therapy in terms of the functional improvement parameters set forth in MTUS 9792.20e, nor did it appear likely that the applicant would stand to gain from further aquatic therapy, going forward. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated. The duration, frequency, or amount of further aquatic therapy proposed was not specified. Therefore, the request was not medically necessary.