

Case Number:	CM15-0148493		
Date Assigned:	08/11/2015	Date of Injury:	04/01/2013
Decision Date:	09/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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 54 year old female, who sustained an industrial injury on 4-01-2013. She reported sharp pain in her back with muscle spasm, after standing up from bending down to take a meter reading. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, lumbar spinal surgery 11-2013 and 6-2014, physical therapy (unspecified sessions completed to date), acupuncture, injections, transcutaneous electrical nerve stimulation unit, home exercise program, and medications. Currently, the injured worker complains of lumbar spine pain, rated 7 out of 10, 5 of 10 at best and 9 of 10 at worst. Right hip and knee pain was rated 7 out of 10, 5 of 10 at best and 9 of 10 at worst. Medication use included Lunesta, Lexapro, Ibuprofen, Robaxin, and Gabapentin. Her height was 5'2" and weight was 220 pounds. The treatment plan included additional physical therapy and aquatherapy, 2-3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 week x 4 weeks: Upheld

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

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.

Decision rationale: The claimant sustained a work-related injury in April 2013 and is being treated for low back pain radiating into the thighs. Prior treatments have included medications, injections, and physical therapy. When seen, there was a BMI of over 40. There was decreased spinal range of motion with bilateral sacroiliac joint tenderness. There was positive lumbar facet loading and muscle spasms were present. There were no neurological deficits. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Aqua Therapy 2-3 x week x 4 weeks: Upheld

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 sustained a work-related injury in April 2013 and is being treated for low back pain radiating into the thighs. Prior treatments have included medications, injections, and physical therapy. When seen, there was a BMI of over 40. There was decreased spinal range of motion with bilateral sacroiliac joint tenderness. There was positive lumbar facet loading and muscle spasms were present. There were no neurological deficits. 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 is noted to be obese and a trial of pool therapy would likely be appropriate. However, 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 and would not be expected to require the number of requested treatments. Land-based physical therapy is also being requested. The request is not medically necessary.