

Case Number:	CM15-0168570		
Date Assigned:	09/09/2015	Date of Injury:	01/17/1999
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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 56-year-old male who sustained a work related injury January 17, 1999. Past history included leukemia, hypertension, hyperlipidemia, status post lumbar laminectomy, status post thoracic laminectomy dates listed as spinal surgery; October 1999, October and November 2007, November 2008, August 2009, and May 2010 and bilateral hands and knee surgery. Diagnoses are chronic pain syndrome; fibromyositis; brachial neuritis; depressive disorder; thoracic post-laminectomy syndrome; lumbar post-laminectomy syndrome. According to a treating physician's office visit, dated July 15, 2015, the injured worker presented for a routine follow-up visit. He reports having tried Zorvolex after an allergy to Celebrex (after 13 years of use), and found it to be helpful but not as helpful as Celebrex. He complains of increased upper back pain, described as burning and more on the left side. His right side back pain improved a few years ago after Botox injections. He also complains of increased numbness in the fingers including the fourth and fifth digits of both hands and increased weakness in the upper extremities when he exercises. Treatment plan included using gel pads on the elbows when sleeping for the numbness and tingling in the hands and fingers, continue with exercise program including aquatic therapy and home health assistance, continue medications and at issue, the request for authorization for additional (8) sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional aquatic therapy sessions: Upheld

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

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 January 1999 and has undergone multiple spinal surgeries complicated by recurrent infections requiring extensive debridement. In March 2015, he was participating in aquatic therapy treatments and authorization for weekly treatments for six months was requested. When seen, he was having burning pain. Physical examination findings included a normal BMI. There were multiple areas of hyperpigmentation and ecchymoses. There was a normal gait. Authorization is being requested for an additional eight skilled therapy aquatic treatments. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has already benefited from the skilled aquatic therapy treatments provided which has been grossly excessive. An independent pool program would be expected and authorization for a trial of gym access could be considered. The requested additional skilled therapy is not medically necessary.