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| Case Number: | CM15-0168713 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 12/20/2011 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 07/30/2015 |
| 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 44 year old male who sustained a work related injury December 20, 2011. Diagnoses are thoracic radiculopathy; thoracic sprain, strain; lumbar muscle spasm; lumbar radiculopathy; lumbar sprain, strain; status post L4-S1 laminectomies and fusion with instrumentation December 6, 2012; hypertension; urinary incontinence, unspecified. An agreed medical re-evaluation dated December 4, 2014, revealed initial treatment for low back pain included medication, physical therapy and chiropractic therapy. On March 31, 2014, a podiatrist ordered orthotics and on August 27, 2014, he was found to have sleep apnea and CPAP (continuous positive airway pressure) therapy was recommended. A primary treating physician requested aquatic therapy, 12 sessions, June 4, 2015, to increase range of motion and activities of daily living and decrease pain in the lumbar spine. There are no documented records available for review of aquatic therapy rendered. According to a primary treating physician's progress report, dated July 9, 2015, the injured worker presented with complaints of constant severe upper-mid back pain, rated 8 out of 10, with stiffness, aggravated by standing, walking, bending, and squatting. He also reports constant severe low back pain, rated 8 out of 10, and stiffness radiating to the right leg and aggravated by prolonged walking. Objective findings included; 6' and 230 pounds; thoracic spine tenderness and muscle spasm of the paravertebral muscles, Kemp's positive bilaterally; lumbar spine- tenderness to palpation paraspinals, decreased sensation in the left foot; gait is very slow, guarded, antalgic with forward lean, uses a single point cane with ambulation and a TLSO (thoracolumbosacral orthosis, brace) as needed; tenderness and muscle spasm of the paravertebral muscles, Kemp's causes pain, seated straight

leg raise is positive bilaterally. At issue, is the request for authorization, dated July 23, 2015, for outpatient aquatic therapy to the lumbar spine two times a week over three weeks. According to utilization review, performed July 30, 2015, the request for outpatient aquatic therapy to the lumbar spine two (2) times a week over three (3) weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy to the lumbar spine 2 times a week over three weeks:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injury in December 2011 and has a history of lumbar spine surgery. When seen, he was having constant thoracic and lumbar pain rated at 8/10. He was having difficulty walking. Physical examination findings included decreased and painful range of motion with paraspinal muscle tenderness and spasms. He had a slow, guarded, antalgic gait with use of a cane and was using a lumbar orthosis. His BMI was over 31. 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 has a history of lumbar surgery. He uses a cane and appears to have used a lumbar support for a prolonged period of time. A trial of pool therapy is appropriate. 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. Recent therapy treatment is not documented. The request is medically necessary.