

Case Number:	CM15-0187443		
Date Assigned:	09/29/2015	Date of Injury:	02/27/2008
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 36 year old male, who sustained an industrial-work injury on 2-27-08. He reported initial complaints of back pain. The injured worker was diagnosed as having myofascial pain syndrome, chronic pain, and low back pain. Treatment to date has included medication, activity modification, physical therapy, chiropractic treatments (4-6 sessions), and acupuncture. Currently, the injured worker complains of chronic low back pain with frequent periods of exacerbation with prolonged sitting. Pain level was at 4-7 out of 10. He is currently working full time. Medication is Tylenol, Lidoderm 5% patch, Naprosyn, Zanaflex, and Advil. Per the primary physician's progress report (PR-2) on 8-19-15, exam notes deep scratches over the mid lumbar spine, tenderness to palpation and trigger points of the lumbar paravertebral muscles and facet tenderness on bilateral L5. Current plan of care includes continuation with chiropractic treatments and medication. The Request for Authorization requested service to include Aqua physical therapy 2x3 for the low back. The Utilization Review on 9-11-15 denied the request for Aqua physical therapy 2x3 for the low back, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua physical therapy 2x3 for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, (2008) Chronic Pain, p87.

Decision rationale: The claimant has a remote history of a work injury in February 1980 and is being treated for low back pain as the result of a roll over motor vehicle accident. In March and April 2015 6 chiropractic treatments were provided. When seen, he was continuing to have intermittent flare-ups of pain and frequent exacerbations. Pain was rated at 4-7/10. He was requesting stronger pain medication. Physical examination findings included a body mass index of 30. There was lumbar facet tenderness with paraspinal muscle tenderness and a right sided trigger point. A trial of aquatic therapy was requested. The request references a failure of land based physical therapy, acupuncture, and non-steroidal anti-inflammatory medication. Therapy was requested for improvement of pain and activities of daily living. The claimant works in fire protection, installing sprinklers. He was continuing to require assistance with heavy lifting. Prior notes reference a lack of an exercise program. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy and aquatic therapy can be recommended for patients with conditions where there are comorbidities that could be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant has ongoing pain and requires intermittent assistance at work and is at risk for work modification or cessation. The requested number of treatments is within that recommended for chronic pain. The claimant needs an exercise program and has not recently had physical therapy. The request should be accepted as being medically necessary.