

<b>Case Number:</b>	CM15-0188112		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 44 year old male who sustained an industrial injury on 2-13-14. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain, lumbar radiculopathy, and L4-L5 disk herniation with tear. Medical records (3-18-15 to 4-29-15) indicate ongoing complaints of low back pain, rating "8 out of 10" with radiation to left lower extremity with numbness and tingling. The physical exam (4-29-15) reveals diminished and painful range of motion of the lumbar spine. Tenderness to palpation is noted of the lumbar spine. Straight leg raise is positive on the right at 40 degrees. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included acupuncture, an "injection", medications, and aqua therapy. The exact number of aqua therapy treatments is unclear. However, the records indicate that there were two previous authorized requests (4-29-15). The 4-29-15 record indicates that the pool therapy has "allowed decreased Tramadol use, increased ambulation, and sleep with decreased pain". It also states that the injured worker is "able to squat and ties shoes now". The injured worker is not currently working. The treatment plan includes a request for additional aqua therapy twice weekly for three weeks, as well as a referral to pain management. The utilization review (8-27-15) indicates denial of both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aquatic therapy 2x6 for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg with numbness, weakness, and tingling. The documented pain assessments were minimal and contained few of the elements encouraged by the Guidelines. There was no discussion describing a reason aqua therapy was expected to be more beneficial than a home exercise program. In the absence of such evidence, the current request for twelve additional sessions of aquatic therapy for the lower back is not medically necessary.

**Pain management consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the left leg with numbness, weakness, and tingling. These records did not suggest any of the above situations were occurring. There was no discussion suggesting how this consultation would be helpful or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation with a pain management specialist is not medically necessary.

