

<b>Case Number:</b>	CM15-0188941		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 51 year old male, who sustained an industrial injury on March 5, 2004, incurring upper and lower back injuries. He was diagnosed with cervical facet arthropathy, cervical radiculopathy, cervical spinal stenosis, and cervical disc degeneration disease, and lumbar disc disease with disc protrusions. Treatment included neuropathic medications, topical analgesic patches, anti-inflammatory drugs, and restricted activities. Currently, the injured worker complained of neck pain radiating down his bilateral upper extremities. He noted low back pain radiating into the right lower extremity. He noted numbness in both legs into the feet. He rated his pain 5 out of 10 with medications and 8 out of 10 without medications on a pain scale from 1 to 10. He reported insomnia related to post traumatic nightmares. He had limited range of motion and muscle weakness of both the upper and lower extremities due to significant pain and interfering with activities of daily living. He was limited with self-care, grooming, hygiene, sleep, and ambulation. His pain was aggravated by activity and walking. The treatment plan that was requested for authorization on September 25, 2015, included an evaluation with a neurologist and Aquatic therapy sessions for the cervical spine, lumbar spine and right knee. On September 17, 2015, requests for an evaluation with a neurologist and Aquatic sessions were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with a Neurologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Head Office.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant has a remote history of a work injury in March 2004. When seen, he had complaints of radiating neck and radiating low back pain, bilateral upper extremity and lower extremity pain and insomnia. He had seen an orthopedic surgeon and knee surgery was not being recommended. He had erectile dysfunction. Review of systems was unchanged. Physical examination findings included a slow and antalgic gait. There was decreased cervical and lumbar range of motion with pain. There was decreased upper extremity strength and decreased lower extremity sensation. A neurology evaluation for vertigo and up to 8 aquatic therapy sessions was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the reason for the request is for the evaluation of vertigo, which is not being documented as a current complaint or being described in terms of any ongoing symptoms by the requesting provider. For this reason, the request is not medically necessary.

**Aquatic Therapy Sessions for the Cervical Spine, Lumbar Spine and Right Knee:** Upheld

**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, (2004) Chapter 6: p87.

**Decision rationale:** The claimant has a remote history of a work injury in March 2004. When seen, he had complaints of radiating neck and radiating low back pain, bilateral upper extremity and lower extremity pain and insomnia. He had seen an orthopedic surgeon and knee surgery was not being recommended. He had erectile dysfunction. Review of systems was unchanged. Physical examination findings included a slow and antalgic gait. There was decreased cervical and lumbar range of motion with pain. There was decreased upper extremity strength and decreased lower extremity sensation. A neurology evaluation for vertigo and up to 8 aquatic therapy sessions was requested. 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 could be considered. The request is not medically necessary.

