MAXIMUS Federal Services

Case Number:	CM15-0194800		
Date Assigned:	10/08/2015	Date of Injury:	12/12/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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 42 year old female, who sustained an industrial injury on 12-12-2014. The injured worker was being treated for lumbago, L5-S1 (lumbar 5-sacral 1) degenerative disc disease, degenerative L5-S1 spondylolisthesis, and resolved sciatica. Medical records (7-17-2015 to 8-21-2015) indicate ongoing low back and right hip pain. The injured worker reported that prior physical therapy decreased her pain and increased her function. She reported being able to bend over and remove laundry from the washer and dryer and is able to stand and wash dishes for a longer time with less back and hip pain. Per the treating physician (8-21-2015 report) noted the injured worker was a candidate for aquatic therapy as she did not tolerate land-based physical therapy she was obese and land-based physical therapy aggravated her lumbosacral pain causing the pain to shoot down her right leg. The physical exam (7-17-2015 to 8-21-2015) did not include documentation of the injured worker's height and weight. The physical exam revealed slight lumbosacral junction tenderness, lumbar flexion with fingertips to the knee level, extension of 10 degrees, and right and left lateral tilt of 20 degrees with low back discomfort at each limit. There was tenderness to palpation and enlargement of the right L4-5 (lumbar 4-5) and L5-S1 facets. There was normal motor strength and intact sensation in the bilateral lower extremities. The reflexes of the knees were L4 and ankles were S1 1+. On 6-30-2014, an MRI of the lumbar spine revealed disk desiccation and degenerative marrow changes with grade 1 spondylolisthesis at the L5-S1 level, which was associated with bilateral L5 spondylosis. There was a 1-millimeter central disk bulge with a small annulus fibrosus fissure at the L4-5 level. There was no compression of the thecal sac or nerve roots. Per the treating physician (5-20-2015

report), x-rays of the lumbar spine revealed no fractures, tumors, or lesions. Treatment has included work restrictions and non-steroidal anti-inflammatory medication. In addition, the medical records show the injured worker underwent at least 7 sessions of underwent physical therapy with therapeutic exercise, ultrasound, hot and cold packs, a cold laser, electrical stimulation, myofascial release, and home exercise program education from 4-8-2015 to 7-13-2015. The requested treatments included physical therapy re-evaluation of the lumbar spine, 4 sessions of therapeutic exercises for the lumbar spine, and 4 sessions of aquatic therapy instruction for the lumbar spine. On 9-9-2015, the original utilization review non-certified requests for physical therapy re-evaluation of the lumbar spine, 4 sessions of therapeutic exercises for the lumbar spine, and 4 sessions of aquatic therapy instruction for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation, lumbar spine per 08/21/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 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 2014 and continues to be treated for low back pain radiating to the right posterior thigh and buttock. Her injury occurred when she slipped and fell while cleaning a floor. On 04/16/15, she was attending the six physical therapy treatment. Another course of therapy was started and six more treatments were completed as of 07/03/15. She had recurrent right low back pain. There was minimal right lumbar paraspinal tenderness. She had difficulty with squatting and lumbar flexion. Her functional strength and range of motion had improved. A home exercise program was reviewed and updated. When seen in August 2015 she had low back and right hip pain. The assessment references difficulty performing land-based exercises due to back pain and a change in the direction of her treatment. Physical examination findings included decreased and painful lumbar spine range of motion. There was slight lumbosacral junction tenderness. There was an enlargement and pain with palpation of the right lumbar facet joints. There was a normal neurological examination. The claimant's body mass index is over 31. Authorization is requested for additional physical therapy and instruction in aquatic exercises. 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 has facet arthropathy, is obese, and has not benefited from two courses of land-based therapy. An evaluation and the four aquatic therapy sessions are within the guideline recommendation for physical therapy when treating chronic pain. The request is medically necessary.

Therapeutic exercises, twice weekly, lumbar spine per 08/21/15 order (4 sessions): Upheld

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.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for low back pain radiating to the right posterior thigh and buttock. Her injury occurred when she slipped and fell while cleaning a floor. On 04/16/15, she was attending the six physical therapy treatment. Another course of therapy was started and six more treatments were completed as of 07/03/15. She had recurrent right low back pain. There was minimal right lumbar paraspinal tenderness. She had difficulty with squatting and lumbar flexion. Her functional strength and range of motion had improved. A home exercise program was reviewed and updated. When seen in August 2015 she had low back and right hip pain. The assessment references difficulty performing land-based exercises due to back pain and a change in the direction of her treatment. Physical examination findings included decreased and painful lumbar spine range of motion. There was slight lumbosacral junction tenderness. There was an enlargement and pain with palpation of the right lumbar facet joints. There was a normal neurological examination. The claimant's body mass index is over 31. Authorization is requested for additional physical therapy and instruction in aquatic exercises. 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. In this case, the claimant has already had two six-visit courses of physical therapy without benefit. Continued land-based therapy is not medically necessary.

Aquatic therapy instruction, twice weekly, lumbar spine per 08/21/15 order (4 sessions): Overturned

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 2014 and continues to be treated for low back pain radiating to the right posterior thigh and buttock. Her injury occurred when she slipped and fell while cleaning a floor. On 04/16/15, she was attending the six physical therapy treatment. Another course of therapy was started and six more treatments were completed as of 07/03/15. She had recurrent right low back pain. There was minimal right lumbar paraspinal tenderness. She had difficulty with squatting and lumbar flexion. Her

functional strength and range of motion had improved. A home exercise program was reviewed and updated. When seen in August 2015 she had low back and right hip pain. The assessment references difficulty performing land-based exercises due to back pain and a change in the direction of her treatment. Physical examination findings included decreased and painful lumbar spine range of motion. There was slight lumbosacral junction tenderness. There was an enlargement and pain with palpation of the right lumbar facet joints. There was a normal neurological examination. The claimant's body mass index is over 31. Authorization is requested for additional physical therapy and instruction in aquatic exercises. 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 has facet arthropathy, is obese, and has not benefited from two courses of land-based therapy. An evaluation and the four aquatic therapy sessions are within the guideline recommendation for physical therapy when treating chronic pain. The request is medically necessary.