

<b>Case Number:</b>	CM15-0201274		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	03/31/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 31, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for 12 sessions of additional aquatic therapy, a functional capacity evaluation, and a pain management consultation. The claims administrator referenced an RFA form received on September 17, 2015 in its determination. The claims administrator invoked non-MTUS Chapter 6 ACOEM Guidelines in its determination and functional capacity evaluations and also referenced the misnumbered page 127 of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant was placed off of work, on total temporary disability. An additional 12 sessions of aquatic therapy were endorsed. The applicant was asked pursue a second epidural steroid injection as well as a functional capacity evaluation. A pain management referral was also endorsed. Ongoing complaints of low back pain, 5 to 9/10, with associated radiation of pain to the leg were reported. The applicant's gait was not clearly described or characterized, although it stated the applicant exhibited 5/5 motor function. While the applicant's gait was not clearly described, it was acknowledged the applicant was severely obese, standing 5 feet 9 inches tall and weighing 334 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy for Low Back #12 sessions: Upheld**

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

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

**Decision rationale:** No, the request for 12 sessions of aquatic therapy for the low back was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for aquatic therapy as of the September 17, 2015 office visit at issue. Said 12 sessions course of aquatic therapy, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that acknowledge that aquatic therapy is recommended in applicants in whom reduced weight bearing is desirable, as was seemingly the case here in the form of the applicant's extreme obesity with height and weight of 5 feet 9 inches and 334 pounds as of the September 17, 2015 office visit at issue, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, as of the September 17, 2015 office visit at issue. The applicant was asked to pursue repeat epidural steroid injection, presumably on the grounds that conservative measures, including earlier aquatic therapy, had proven unsuccessful. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier aquatic therapy at unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.

**Referral FCE (Functional Capacity Evaluation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation ACOEM Guidelines ,Chapter 6.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Similarly, the request for a referral for functional capacity evaluation (FCE) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a using a functional capacity evaluation when necessary to translate medical impairment into limitations or restrictions and to determine work capability, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, September 17, 2015. It did not appear that the applicant had a job to return to, nor did it appear that the applicant was intent on returning to the workplace and/or workforce. It was not clearly stated, in short, why an FCE was sought in the clinical and/or vocational context present there. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of an FCE as a precursor to

enrollment in a work hardening or work conditioning program, here, however, there was no mention of the applicant's intention to enroll in a work hardening program on or around the date in question, September 17, 2015. Therefore, the request was not medically necessary.

**Pain Management Consult:** Overturned

**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): Introduction.

**Decision rationale:** Finally, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, as of the date in question, September 17, 2015. Earlier conservative treatments had seemingly proven ineffectual. Obtaining the added expertise of a practitioner specializing in chronic pain was, thus, indicated to, at minimum, formulate other appropriate treatment options. Therefore, the request was medically necessary.