

Case Number:	CM15-0221204		
Date Assigned:	11/16/2015	Date of Injury:	04/13/2011
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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 53-year-old female, who sustained an industrial injury on 04-13-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for coronary artery disease, diabetes, cervical facet dysfunction, neck pain, lumbar facet dysfunction, low back pain, myalgia, bilateral knee pain, headaches, anxiety and depression. Medical records (06-10-2015 to 09-23-2015) indicate ongoing neck and low back pain. Pain levels were 5 out of 10 on a visual analog scale (VAS) with medications and 8 out of 10 without medications. Records also indicate improved pain levels with medications. No other changes in activity levels or level of function were mentioned. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-23-2015, revealed positive facet load and Spurling's tests, weakness with left dorsiflexion, tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac region and greater trochanteric bursa, and 18 out of 18 tender points over the occipital triangle. Relevant treatments have included: pool therapy, work restrictions, and medications. The treating physician indicates that there were 5 sessions of pool therapy previously authorized; however, those aquatic therapy notes were not available for review, and there was no mention that these previous approved session had been completed. The request for authorization (09-23-2015) shows that the following treatment was requested: 12 additional pool therapy sessions for the cervical and lumbar spines. The original utilization review (10-14-2015) non-certified the request for 12 additional pool therapy sessions for the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pool Therapy 2x6 for the Cervical/Lumbar Spine: Upheld

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

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 April 2011 when she fell. She sustained a myocardial infarction. The requesting provider saw her for an initial evaluation in July 2015. She was having neck, low back, and knee pain and headaches. Prior treatments had included acupuncture, physical therapy, and medications. Physical examination findings included a body mass index over 32. There were multiple tender points consistent with a diagnosis of fibromyalgia. She had neck pain with Spurling's testing and facet loading was positive. There was mild bilateral knee crepitus. She was referred for pool therapy. In August 2015, pool therapy had been authorized and was to be scheduled. When seen in September 2015 medications were decreasing pain from 8/10 to 5/10. She had weakness with left-sided dorsiflexion. The assessment references pool therapy as still pending. Authorization was requested for pool therapy two times per week for six weeks. 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 obese, has back, and knee pain. However, she already been authorized for pool therapy but has not scheduled the treatments that have already been approved. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. A reassessment after completing an initial trial of therapy would be required with a rationale given for requesting additional treatments. The request being submitted cannot be accepted as being medically necessary.