

<b>Case Number:</b>	CM15-0052068		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 18, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator partially approved a request for 168 sessions of aquatic therapy as 10 sessions of the same and denied a request for a 6- to 10-week pain management program. The claims administrator referenced a January 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a work status report dated January 27, 2015, the applicant was placed off of work, on total temporary disability. In an associated progress note dated January 27, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by activities as basic as sitting, standing, and walking. The applicant was on Norco and Robaxin. The applicant was apparently also receiving care from several other providers, including a psychiatrist and/or psychologist. The applicant was apparently walking with the aid of a cane, the attending provider reported in one section of the note. The attending provider also stated, in another section of the note that the applicant was no longer limping. Aquatic therapy and a pain management program were endorsed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 168 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** No, the request for 168 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an option in applicants in whom reduced weight bearing is desirable, in this case, however, there was no mention of reduced weight bearing's being desirable on the January 27, 2015 progress note in question. The applicant was described, moreover, in one section of the report as ambulating without a limp, seemingly obviating the need for aquatic therapy. It was not clearly stated or clearly established that reduced weight bearing was, in fact, desirable here. It is further noted that the 168 sessions of aquatic therapy sought represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Therefore, the request was not medically necessary.

**Retro: Pain management 6-10 week program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

**Decision rationale:** The request for 6- to 10-week pain management program was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program or functional restoration program is evidence that an applicant is willing to forego secondary gains, including disability benefits, in an effort to try and improve. In this case, however, there was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Rather, it appeared that the applicant was intent on maximizing disability and indemnity benefits. The applicant was off of work, on total temporary disability, as of the date of the request. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider requested (and the claims administrator partially approved) aquatic therapy. Thus, there are other options, which could theoretically result in some benefit here which is yet to be explored. The attending provider also suggested that the applicant's psychotropic medication management was suboptimal as the applicant had developed side effects with Cymbalta and had therefore discontinued the same. Thus, psychotropic medications and/or psychiatric office visits could

likewise result in significant improvement. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines states that treatment via a functional restoration program or chronic pain program is not recommended for greater than two weeks without evidence of functional improvement. Here, however, the attending provider sought authorization for a 6- to 10-week program without a proviso to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with further treatment. Therefore, the request was not medically necessary.