

<b>Case Number:</b>	CM15-0086766		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 04/23/2002. She has reported subsequent low back pain with weakness and numbness in the legs. Diagnoses listed in the record include asthma, anxiety, anemia, acid reflux disease, high blood pressure, stroke diabetes and obesity. Worker's compensation diagnoses were not documented although the injured worker was noted to have undergone a spinal fusion in 2005. Treatment to date has included surgery. The only documentation in the medical record is a 06/10/2014 pre-operative visit note prior to removal of pedicle screws and rods of the lumbar spine. During this visit, the injured worker complained of moderate to severe pain in the lower back and moderate pain in the legs with forward flexion. Objective findings were notable for tenderness and spasms on palpation in the lower back with decreased range of motion in all positions, inability to ambulate on the heels due to pain and dysesthesias extending to the legs and pain with spasm and dysesthesia in the left lower extremity. A request for authorization of spinal cord stimulator trial, aqua therapy 2x/weeks for 8 weeks of the low back and a follow up visit was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back. This relates back to a work injury on 04/23/2002. The patient did undergo lumbar surgery in 2005. Documentation states that the patient underwent another procedure to remove hardware on 06/10/2014. This review addresses a request for placement of a spinal cord stimulator (SCS). The treatment guidelines recommend this treatment for certain types of chronic pain. These include, failed back, post amputation pain, and post herpetic neuralgia. The documentation presented for this case does not make clear what the indication is for this procedure and these specific diagnoses are not documented. In addition, the guidelines require that a psychological assessment precede approval of a SCS. This is not documented. The SCS is not medically indicated.

**Aqua therapy 2 times a week for 8 weeks for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical medicine Page(s): 22, 98-99.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back. This relates back to a work injury on 04/23/2002. The patient did undergo lumbar surgery in 2005. Documentation states that the patient underwent another procedure to remove hardware on 06/10/2014. Aquatic therapy may be medically indicated when the patient cannot perform weight bearing activities and/or the patient has morbid obesity. Neither of these factors is documented. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. The very limited amount of medical documentation in this case does not state what physical therapy the patient already received. There are no new work-related injuries or any post-operative conditions that would require more physical therapy at this time. Aquatic therapy sessions are not medically necessary.

**Follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 303.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back. This relates back to a work injury on 04/23/2002. The patient did undergo lumbar surgery in 2005. Documentation states that the patient underwent another procedure to remove hardware on 06/10/2014. This review addresses a request for a follow up visit. The guidelines recommend that clinicians discuss the patient's concerns at regular intervals and be available to answer questions and provide guidance with the treatment plans. Face to face visits and discussions over the phone can fulfill these objectives. As this patient has years of chronic pain, the documentation ought to make clear the exact rationale for a follow up at this time. It does not. A follow up visit is not medically necessary.