

<b>Case Number:</b>	CM14-0218141		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: 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 65 year old female injured worker suffered an industrial injury on 12/27/2000 while carrying a vacuum fell down the stairs and strained her back. The details of the initial injury and treatments were not included in the documentation provided. The provider visit on 11/5/2014 noted the injured worker reported increased low back pain with increased radiation to bilateral lower extremities along with bilateral shoulders at 8/10 pain level. It was reported there was numbness in the neck with burning to the upper, mid and lower back. The injured worker stated the Gabapentin was helping. The exam revealed extreme tightness in the upper back muscles with range of motion decreased in the neck and shoulders. There was tenderness to the lumbar sacral muscles. An injection of Toradol was given for pain relief. On 12/3/2014 the neck pain was worse. The UR decision on 12/22/2014 denied the aqua therapy x 8 because the guidelines recommend it when reduced weight bearing is desirable. There was no documentation to support non-weight bearing nor was there documentation she cannot do home exercise program and no documentation of past results of physical therapy. The topical compounded creams were denied as they are largely experimental and no evidence of safety and efficacy. There was no documentation the injured worker cannot tolerate oral medications or that he failed first line medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Aqua therapy for 8 visits:** Upheld

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

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

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is documentation indicating the patient has morbid obesity with a BMI of 42.7, which would benefit from a reduced weight-bearing environment. However, the patient has had at least 3 sessions of physical therapy with documented improvement on 5/24/2014 and no documentation of intolerance to land based therapy. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

**Pharmacy purchase of Compound cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Regarding the request for topical compound cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Within the submitted documentation, there is no order found for the compound cream, and no specification as to what ingredients are requested for the compound cream. The patient has documented improvement from oral medication including APAP/Codeine, Gabapentin, and muscle relaxants without indication of intolerance. As such, the currently requested topical compound cream is not medically necessary.