

<b>Case Number:</b>	CM15-0111524		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/12/1991
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Emergency 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 injured worker is a 58 year old male who sustained a work related injury November 12 1991. Past history included hypertension, benign prostatic hyperplasia, C4-7 anterior cervical fusion. According to a primary treating physician's progress report, dated April 30, 2015, the injured worker reports 50% relief of his cervical radicular pain, after his cervical epidural steroid injection several months ago. He complains of worsening headaches interfering with sleep and daily activities. He has numbness and tingling from the left trapezius to the left hand and dysesthesias in the right upper extremity to the hand associated with weakness and spasms. Diagnoses are lumbar radiculopathy; occipital neuralgia; cervical radiculopathy; failed neck surgery syndrome. According to a pain pump management report, dated April 30, 2015, the injured worker presented with chronic cervicgia, occipital headaches, bilateral cervical radicular pain, left greater than right, upper thoracic pain, and bilateral lower extremity pain. Current medication included Valium, Cymbalta, IT (intrathecal) Prialt, topical cream, Fentanyl, Lyrica, and Norco. The physician documents the purpose of the visit is to integrate and reprogram the pump. Rate changes (weaning) made to Hydromorphone and Prialt, Liroresal remained the same. The injured worker reports 3/10 pain to his arms, neck, and legs with the pump relieving 20% of his pain. Diagnoses are radiculopathy; degenerated disc disease; thoracic sprain/strain; facet arthropathy; lumbar spinal stenosis; lumbar radiculopathy. At issue, is the request for authorization for aqua therapy and a cervical epidural steroid injection (ESI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI with Anesthesia and Fluoroscopic Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** The patient is a 58 year old male who sustained an injury in November of 1991. Diagnosis includes cervical radiculopathy with ongoing pain. He has been treated with an epidural steroid injection with over 50% reduction in pain. The request is for a repeat epidural steroid injection. The MTUS guidelines state that a repeat block requires not only pain relief, but documented functional improvement and a reduction in medication usage. Their records provided to not indicate either one of these criteria addressed. As such, the request is not medically necessary and certified.

**Aqua Therapy 2 x 4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

**Decision rationale:** The patient is a 58 year old male who sustained an injury in November of 1991. Diagnosis include cervical as well as lumbar radiculopathy with ongoing pain. The request is for aqua therapy to aid in pain reduction and improve function. The MTUS guidelines state that there is strong evidence for exercise as a method to improve musculoskeletal pain and conditioning: "In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008)" As stated above, the use of aqua therapy is evidenced based, and as such would be medically necessary.