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| Case Number: | CM15-0129293 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 10/30/1994 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 30, 1994. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for six months of independent pool therapy apparently sought via an order form dated April 6, 2015. The request, thus, seemingly represented a request for a six-month pool membership versus a six-month gym membership to include access to a pool. The applicant's attorney subsequently appealed. On April 20, 2015, the attending provider posited that the applicant was previously unable to perform land-based therapy. The attending provider posited that the applicant had developed Alzheimer's disease. The attending provider stated that he believed it would be cheaper for the applicant to continue water-based pool therapy program as opposed to transitioning towards land-based therapy. The applicant's work status was not outlined. No clinical information was furnished. The attending provider did not state what let him to arrive upon the diagnosis of Alzheimer's disease. The applicant response to what appeared to be a previously furnished pool membership was not detailed. On December 1, 2014, the attending provider stated that the applicant was participating in an independent pool exercise program. The attending provider posited that the applicant was doing well with the program. The applicant had undergone earlier lumbar epidural steroid injection therapy. The applicant was on tramadol and Lidoderm patches, it was reported. The attending provider stated in one section of note that the applicant was wheelchair-bound for quite sometime in one section of the note. In the physical examination section of the note, the attending provider stated that the applicant's gait was unassisted. Thus, the attending provider

suggested that the applicant was independently ambulatory. Tramadol and drug testing were endorsed. The attending provider then stated that the applicant carried diagnosis of Alzheimer disease while reporting that the applicant was awake, responsive, and cooperative. The applicant's work status was not outlined. On February 9, 2015, the attending provider stated that the applicant had ongoing complaints of back and right lower extremity pain. The applicant was on tramadol, Lidoderm, Synthroid, Wellbutrin, Namenda, Plavix, Celebrex, and tizanidine, it was reported. The applicant exhibited an unassisted gait on this occasion. A cold pack, back support, and special car seats were sought while multiple medications were refilled. The applicant's work status was once again, not outlined. The applicant's was described as having previous issues with paranoid and confusion, it was incidentally noted. These were not elaborated upon, however. On April 6, 2015, the attending provider again reported that the applicant had various chronic pain and depressive issues in the 5 to 6/10 range. The applicant had received epidural steroid injection therapy in the past, it was reported. The applicant was described as having an unassisted gait on this occasion. The applicant was on tramadol, Lidoderm, Celebrex, tizanidine, Plavix, Namenda, Wellbutrin, Synthroid, it was reported. Once again, the applicant's work status was not outlined. Further access to the pool was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Independent Pool Therapy, low back, per 04/06/2015, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Aquatic Therapy Page(s): 22, 99.

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

Decision rationale: No, the request for six months of independent pool therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, it did not appear that reduced weight bearing was, in fact, desirable. The applicant was described as exhibiting a normal, unassisted gait on February 9, 2015. While the applicant had apparently historically used a wheelchair, this did not appear to be an active issue as of February 9, 2015, at which point, the applicant was described as exhibiting an unassisted gait. Similarly, on April 6, 2015, the attending provider again reported the applicant exhibited an unassisted gait. It did not appear that the applicant necessarily had any contraindication to weight bearing therapy and/or weight bearing exercises. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement as various milestones in treatment program in order to justify continued treatment. Here, the applicant had been provided with the pool membership/pool access/independent pool therapy in the past. It was not clearly stated or clearly established that the said gym pool access had resulted in any material improvements in applicant's function in terms of the parameters established in MTUS 9792.20e. The applicant's work status was not

outlined on April 6, 2015. The applicant remained dependent on various and sundry analgesic and adjuvant medications to include opioid agents such as tramadol and topical agents such as Lidoderm, muscle relaxants such tizanidine, and NSAID such as Celebrex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous provision with pool access. Therefore, the request was not medically necessary.