

<b>Case Number:</b>	CM15-0164852		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

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 injured worker is a 61 year old female, who sustained an industrial injury on 7-19-1999. The injured worker was being treated for cervical multilevel degenerative disease, bilateral shoulder impingement, lumbar sprain/strain with multilevel degenerative changes, and left knee patellofemoral pain. Treatment to date has included diagnostics, physical therapy (12 recent sessions of physical therapy referred to in 5-14-2015 progress report), and medications. On 6-24-2015, the injured worker reported doing physical therapy and acupuncture, noting that "her back still bothers her", "land therapy is very difficult and painful to her", and "overall, she is doing better with regards to the neck". She was interested in trying pool therapy. She also reported difficulty sleeping. It was documented on 1-15-2015 that she had a history of working "graveyard shift", related waking up approximately 4 times per night, had difficulty falling asleep and staying asleep, was continually tossing and turning, and took sleeping medication as needed. Physical exam noted "improved" range of motion of the neck, as well as "less pain" in the shoulder and upper extremities. She was limping "slightly" and had stiffness and spasm. Her pain was not rated and current medication regimen was not described, but included "topical pain cream". Her body mass index was not noted. The treatment plan included pool therapy x12, evaluation by Internal Medicine for sleep study, and refill of topical pain cream. On 7-22-2015, Utilization Review non-certified the requested pool therapy and Internal Medicine consult for sleep study.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) pool therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6: p87.

**Decision rationale:** The claimant has a remote history of a work injury in September 1999 and is being treated for injuries sustained when she spilled while working as a waitress / cashier. When seen, she was participating in physical therapy and acupuncture but was having difficulty with weight bearing activities due to pain. Physical examination findings included improved neck range of motion. She was limping slightly. She had stiffness and spasms. Authorization for 12 aquatic therapy sessions was requested. She had been having significant difficulty sleeping for some time and an internal medication consultation was requested for a possible sleep study. She has a history of insomnia since at least October 1997. Her body mass index is 26. She has a history of bronchitis and hepatitis. She has moderately severe lumbar spinal stenosis and lumbar spine surgery is being considered. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is overweight and has lumbar spinal stenosis and is having difficulty with land-based physical therapy. A trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

**One internal medicine evaluation for sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Polysomnography. (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury in September 1999 and is being treated for injuries sustained when she spilled while working as a waitress / cashier. When seen, she was participating in physical therapy and acupuncture but was having difficulty with weight bearing activities due to pain. Physical examination findings included improved neck range of motion. She was limping slightly. She had stiffness and spasms. Authorization for 12 aquatic therapy sessions was requested. She had been having significant difficulty sleeping for some time and an internal medication consultation was requested for a possible sleep study. She has a history of insomnia since at least October 1997. Her body mass index is 26. She has a history of bronchitis and hepatitis. She has moderately severe lumbar spinal stenosis and lumbar spine surgery is being considered. The treatment of insomnia should be based on the etiology. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not adequately described by the requesting provider. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant's primary treating provider would be expected to be able to evaluate the claimant for some of these conditions without requiring specialty consultation. The request is not considered medically necessary at this time.