

Case Number:	CM15-0170244		
Date Assigned:	09/10/2015	Date of Injury:	01/07/2010
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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 34 year old male, who sustained an industrial injury on 01-07-2010. He has reported injury to the neck and low back. The diagnoses have included lumbar disc disorder; lumbar radiculopathy; cervical disc disorder; cervical radiculopathy; causalgia lower limb; and status post L4-L5 discectomy and decompression revision, on 03-26-2015. Treatment to date has included medications, diagnostics, lumbar sympathetic block, spinal cord stimulator placement and removal, and surgical intervention; Medications included Norco, Dilaudid, Neurontin, Cyclobenzaprine, and Trazodone. A progress report from the treating physician, dated 07-27-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of lower back pain; his average pain level on a visual analog scale is rated at 7 out of 10 in intensity with medications; his pain without medications is rated at 9 out of 10 in intensity; the medications allow for improved function and mood; he reports that he does not function as well and reported decreased activity in and out of the home, mood, and impairs ability to sleep; his pain occurs constantly; he complains of muscle spasms, numbness, tingling, and weakness; and he is getting in the local pool and does feel this is helping tremendously, but doesn't really know what to do for his spine health. Objective findings included there is rib tenderness on palpation; lower ribs are tender and there is provocation of pain in the thoracic spine on the left side when pressing on the lower ribs anteriorly; there is also a palpable muscle spasm at the level of the pain, which appears to be at about T8-T10; there is tenderness to the incision site to the left; tenderness at the left ischial tuberosity; and radiating pain down the lateral aspect of the left leg to the great toe (L5). The treatment plan has included the request for aqua therapy 12

sessions for the back. The original utilization review, dated 07-27-2015, non-certified a request for aqua therapy 12 sessions for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions for the back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in January 2010 and is being treated for low back pain with revision surgery in March 2015. Treatments have included a spinal cord stimulator and a recent lumbar sympathetic block did not provide pain relief. When seen, he was performing a home exercise program. Physical examination findings included a BMI of over 33. There was thoracic tenderness with muscle spasms. There was left ischial tuberosity tenderness with radiating left lower extremity pain. Aquatic therapy is being requested. 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 noted to be obese and, although he is performing a home exercise program, 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.