

Case Number:	CM15-0170898		
Date Assigned:	09/11/2015	Date of Injury:	09/30/1994
Decision Date:	10/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This 71 year old male sustained an industrial injury to the back on 9-30-94. Recent treatment included physical therapy, aquatic therapy, intrathecal pump and medications. In a progress noted dated 3-5-15, the injured worker reported that he was still having a lot of pain, rated 4 to 8 out of 10 on the visual analog scale. The physician noted that the injured worker's activity was very limited due to pain. The injured worker was able to sit, stand and walk for 0-1 minutes. The injured worker found it hard to sleep at night. The injured worker still performed activities of daily living and driving. The treatment plan included requesting authorization for aqua therapy. The injured worker was not currently exercising and had been unable to tolerate physical therapy due to pain. In a progress note dated 6-15-15, the injured worker reported that his pain was still bad, rated 6 to 8 out of 10. The injured worker had started pool therapy. The injured worker could sit for two minutes and stand and walk for 0-1 minutes. In the most recent documentation submitted for review, a progress note dated 7-8-15, the injured worker reported that he was still having a lot of pain. The injured worker stated that his hips were really burning and the pain was incapacitating. The injured worker rated his pain 6 to 7 out of 10. The injured worker was participating in aqua therapy twice a week. The injured worker reported that he was enjoying aqua therapy and felt it was helping with his pain. The injured worker could sit for two minutes and stand and walk for 0-1 minutes. The injured worker was awakened multiple times in the night due to pain. The injured worker continued to perform activities of daily living and drive. Physical exam was remarkable for a very antalgic gait. The intrathecal pump pocket was intact without erythema, exudate or induration. Current diagnoses included failed back surgery

syndrome with intractable low back pain, lumbar spine radiculopathy, depression, insomnia, and intrathecal opioid treatment. The treatment plan included refilling the intrathecal pump, proceeding with pump replacement and catheter revision when scheduled and continuing aqua therapy. On 8-21-15, Utilization Review noncertified a request for aqua therapy for the low back noting that the injured worker had already completed 17 sessions of aqua therapy and would be expected to transition to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the low back (number of visits not specified): 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, (2004) Chapter 6: p 87.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1994 and continues to be treated for chronic back pain including a diagnosis of failed back surgery syndrome after undergoing a multilevel laminectomy and fusion. When seen, he was performing aquatic therapy two times per week which he was enjoying and it was helping with his back pain. Physical examination findings included a BMI of over 44. There was an antalgic gait. His intrathecal opioid pump was refilled. Continued aquatic therapy was requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not require an unspecified number of ongoing skilled treatments. The request is not medically necessary.