

Case Number:	CM15-0172419		
Date Assigned:	09/14/2015	Date of Injury:	09/11/2007
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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 49 year old female, who sustained an industrial injury on 09-11-2007. She has reported subsequent low back pain with radiation to the lower extremities and was diagnosed with neuralgia, lumbar radiculopathy, facet arthropathy of the lumbar spine, degenerative disc disease of the lumbar spine, chronic low back pain and reflex sympathetic dystrophy. Treatment to date has included oral medication, intrathecal pain pump, spinal cord stimulator trial and aqua physical therapy. 8 aqua physical therapy notes from dates of service 06-25-2015-07-30-2015 were included for review. During the initial therapy visit on 06-25-2015 the injured worker's pain was rated as 7 out of 10 at best and 10 out of 10 at worst. Objective findings shows inability to self-propel in wheelchair, inability to maintain seated position due to pain, inability to test lumbar spine due to inability of injured worker to remain standing, pain that prevented active range of motion of hip, inability to effectively test strength due to sensitivity to touch in lower extremities but at least 2-3+ out of 5 strength was noted throughout with bilateral upper extremity strength of 4 out of 5 noted. During the 07-28-2015 aqua therapy note, the injured worker reported a lot of pain after previous therapy session but reported that she felt stronger. The physical therapist noted improved strength in and out of the pool without assistance and the 07-30-2015 physical therapy note noted increased ease with getting in and out of the pool and slowly increasing amount of exercise the injured worker was able to do. In a progress note dated 08-12-2015 the injured worker reported 6 out of 10 pain on a good day and 10 out of 10 pain on a bad day. The injured worker was noted to have obtained functional pain control of the low back with the current oral opioid medication regimen along with intrathecal

pump with modest improvement and no adverse effects noted after the last intrathecal pump increase. The physician noted that the injured worker requested additional aqua physical therapy to augment the progress made thus far. Objective examination findings showed pain across the cervical spine on extension and along the facets at C5-C6 with reduced flexion, pain across the lower back on extension, along facets at L4-L5, positive lying and sitting straight leg raise (back only) bilaterally, a weak, shuffling gait with inability to walk, spasm of the bilateral cervical and lumbar regions and cutaneous allodynia of the left lower extremity. A request for authorization of aqua physical therapy 2 x 6 visits for lumbar was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua physical therapy 2 x 6 visits for lumbar: 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: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2007 and continues to be treated for low back pain with lower extremity radiating symptoms including a diagnosis of CRPS. Recent treatments include eight sessions of aquatic therapy. When seen, medications were providing pain relief. There had been improvement with the aquatic therapy treatments. Physical examination findings included decreased cervical spine range of motion with cervical and lumbar facet tenderness. There were cervical and lumbar muscle spasms and left lower extremity allodynia. An additional 12 aquatic therapy sessions were 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 be expected to require the number of requested skilled treatments. The request is not medically necessary.