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| Case Number: | CM15-0174286 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 10/02/2013 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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 51 year old female, who sustained an industrial injury on 10-02-2013. She has reported injury to the low back. The diagnoses have included chronic low back pain; facet arthropathy; sacroiliac joint pain; chronic musculoligamentous sprain-strain, thoracolumbar spine; chronic musculoligamentous sprain-strain lumbosacral spine; and lumbar radiculitis, rule out radiculopathy. Treatment to date has included medications, diagnostics, ice, injections, water therapy, acupuncture, physical therapy, and home exercise program. Medications have included Tramadol, Naproxen, Gabapentin, Lidoderm Patch, Flexeril, Cymbalta, Wellbutrin XL, and Sumatriptan. A progress report from the treating provider, dated 08-13-2015, documents a follow-up visit with the injured worker. Currently, the injured worker complains of having more severe low back pain; she is having a lot of aching across the low back and buttocks; pain levels are 9 out of 10 in intensity without medication, coming down to 6 out of 10 in intensity with medication; her pain is worse with sitting, standing, bending, and lifting; it is decreased with therapy and medication; the Toradol injection that she had at the last appointment was significantly helpful; she did find the water therapy was significantly helpful to decrease her pain; she was able to exercise more; and currently, she is having difficulty exercising as the pain has been more severe. Objective findings have included she is in mild distress; she is significantly tender in the right sacroiliac joint more than the left; Stork test is positive more on the right; range of motion is significantly decreased; Patrick's test is positive, more on the right; sacroiliac compression test is positive on the right; Gaenslen's is positive on the right; gait is antalgic; MRI of the lumbar spine, dated 06-25-2015, showed early degenerative disc disease,

and slight bulging at T12-L1; and x-rays show facet arthropathy at L4-L5 and L4-S1 bilaterally. The treatment plan has included the request for water therapy x 6 sessions for the low back. The original utilization review, dated 08-27-2015, non-certified a request for water therapy x 6 sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy x 6 Sessions for the Low back: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 October 2013 and is being treated for chronic low back pain after a lifting injury. Diagnoses include left lower extremity CRPS and lumbar facet arthropathy. When seen, she was having more pain and was unable to exercise. Exercise had previously been helpful and had decreased her pain. Physical examination findings included a normal BMI. There was significantly decreased lumbar range of motion with right sacroiliac joint tenderness and right sacroiliac joint testing was positive. Authorization was requested for cognitive behavioral therapy, a sacroiliac joint injection, medications and aquatic therapy. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities that could preclude effective participation in weight-bearing physical activities. She has facet arthropathy and weight bearing activities in the upright position would reasonably be expected to place additional stress across the lumbar facet joints and limit her ability to benefit from conventional land based exercise. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of treatments being requested is consistent with the guideline recommendation. If there was benefit, transition to an independent pool program would be expected. The request is medically necessary.