

Case Number:	CM15-0175047		
Date Assigned:	09/16/2015	Date of Injury:	06/26/2011
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
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 50 year old female, who sustained an industrial injury on 6-26-2011. Medical records indicate the worker is undergoing treatment for status post anterior-posterior lumbosacral decompression and fusion in 2012 and spinal cord stimulator placement in the thoracic spine. A recent progress report dated 7-1-2015, reported the injured worker reported 75% of her pain is relieved by the spinal cord stimulator. Physical examination revealed healed a surgical incision, intact sensation and toes are warm and well perfused. X rays show the spinal cord stimulator lead is properly placed. Treatment to date has included spinal cord stimulator placement and medication management. On 7-27-2015, the Request for Authorization requested aquatic therapy 3xWk x 6Wks for the mid and low back. On 8-4-2015 the Utilization Review noncertified Aquatic therapy 3xWk x 6Wks for the mid and low back

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3xWk x 6Wks for the mid and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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 June 2011 and continues to be treated for chronic back pain. She underwent a lumbar decompression and fusion at L5/S1 in 2012 without improvement. She is currently being treated with a spinal cord stimulator. When seen, she was having low back pain with bilateral lower extremity radicular symptoms and left knee pain with a diagnosis of possible internal derangement. There was moderate lumbar tenderness and multiple trigger points were present. There was decreased lumbar spine range of motion with negative straight leg raising. Authorization is being requested for 18 sessions of aquatic therapy. 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 has left knee pain, which may limit her ability to benefit from land-based exercises for her knee and back. 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.