

<b>Case Number:</b>	CM15-0177843		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on December 12, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniations most significantly at L5-S1 with neural foraminal narrowing, lumbar radiculopathy, and cervical and lumbar facet arthropathy. On June 12, 2015, the injured worker reported new, stabbing mid back pain, with sleep disturbances due to the pain, low back pain and neck pain. The Primary Treating Physician's report dated June 12, 2015, noted the injured worker had ongoing psychiatry follow-ups for anxiety, depression, and post-traumatic stress disorder (PTSD). The injured worker was noted to have last worked on December 12, 2014. The injured worker's previous treatments were noted to include 12 sessions of physical therapy that provided moderate temporary relief, 2 sessions of chiropractic treatments that provided moderate temporary relief, a TENS unit with mild relief, and medications including Advil, Tylenol, Aspirin, Aleve, Percocet, Motrin, Prilosec, and Flexeril. The injured worker's current medications were listed as Percocet, Flexeril, Motrin, and Prilosec. Physical examination was noted to show tenderness to palpation of the thoracic spine extending into the left thoracic region with decreased cervical spine and thoracic spine range of motion (ROM). X-rays of the thoracic spine were noted to show multilevel anterior and posterior osteophytes. The treatment plan was noted to include follow-up, psychological-psychiatric consultations and follow-ups, recommendation for a MRI of the thoracic spine to evaluate the injured worker's pain complaints, and additional physical therapy for the neck and back to include water therapy in an attempt to help decrease the injured worker's pain and increase her activity level. The

documentation provided did not include previous physical therapy progress notes. The request for authorization dated June 12, 2015, requested Psychological and Psychiatric consultation and follow-up, follow-up in six weeks, a MRI of thoracic spine, and Physical Therapy for thoracic to include water therapy, eight sessions. The Utilization Review (UR) dated August 13, 2015, certified the requests for Psychological and Psychiatric consultation and follow-up, follow-up in six weeks, and a MRI of thoracic spine, and non-certified the request for Physical Therapy for thoracic to include water therapy, eight sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy for thoracic to include water therapy, eight sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents with stabbing mid back pain. The current request is for Physical Therapy for thoracic to include water therapy, 8 sessions. The treating physician's report dated 06/12/2015 (19B) states, "I do request additional physical therapy for the neck and back to also include water therapy in an attempt to help decrease her pain and increase her activity level." The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. Physical therapy reports were not provided for review. However, the 06/12/2015 (19B) report notes that the patient has received 12 sessions of physical therapy which provided moderate temporary relief. In this case, the patient was able to tolerate land-based physical therapy with reports of relief. Aquatic therapy is for patients with weight-bearing issues and for patients not able to tolerate land-based therapy. Furthermore, the requested 8 additional sessions when added to the 12 that the patient recently received would exceed MTUS Guidelines. The current request is not medically necessary.