

<b>Case Number:</b>	CM15-0026151		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55-year-old female, who sustained a work/ industrial injury on 6/24/08. Mechanism of injury was not documented. She has reported symptoms of axial low back pain rated 8/10. Pain was described as dull, constant, nagging, without radiating symptoms. Prior medical history was negative. Surgery included left rotator cuff repair. The diagnoses have included lumbar facet syndrome, lumbar spondylosis, cervical strain and radiculopathy, left shoulder s/p arthroscopy and rotator cuff repair, frozen shoulder, right shoulder impingement syndrome, resolved. Treatments to date included medial branch blocks of L3,4,5, acupuncture, medication, facet injections, home exercises, self care with gym, and physical therapy. Diagnostics included a Magnetic Resonance Imaging (MRI) on 8/2008 that reported significant L2-3 mild ligamentum flavum and facet hypertrophic changes, no significant central or foraminal narrowing; L3-4 and L4-5 minimal diffuse disc bulge with ligamentum flavum and facet hypertrophic changes with no significant central or neural foraminal narrowing. Medications included Diclofenac, Cyclobenzaprine, and lidocaine patch. Examination noted 2+ knee, ankle, biceps, triceps and brachioradialis reflexes, bilaterally. Range of motion was at 60 degrees, extension to 15 degrees to the lumbar spine. There was a positive facet loading bilaterally. On 2/5/15, Utilization Review non-certified a Physical Therapy with aquatic therapy 2-3 times a week for 6 weeks to the low back; Pain Management follow up, noting the Official Disability Guidelines; Low Back-Lumbar& thoracic; Follow up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy with aquatic therapy 2-3 times a week for 6 weeks to the low back:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar& thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 98, 22.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007). In this case, the patient had been doing physical therapy at home and had joined a gym to do more self-care. The patient had been certified for 18 physical therapy sessions on April 11, 2014 and 6 sessions on August 8, 2014. There is no documentation of the efficacy and outcome of previous physical therapy sessions. In addition, there is no clear evidence that the patient is obese or need to have difficulty performing land based exercises or the need for the reduction of weight bearing to improve the

patient ability to perform particular exercise regimen. There is no documentation that the patient cannot continue to perform home exercise. Therefore, Additional physical therapy 3x4 lumbar spine is not medically necessary.

**Pain Management follow up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Follow up visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). There is no clear documentation that the patient needs a pain management follow-up as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management follow-up is not medically necessary.