

Case Number:	CM13-0014802		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2013
Decision Date:	03/18/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 35-year-old male with a date of injury of 02/28/2013. Per the report dated 07/19/2013, the patient presents with pain in his low back at an intensity of 8/10, having fallen backwards about six to eight (6 to 8) feet. The MRI from 03/20/2013 was reviewed that showed anterior osteophyte and bulging disk at L4-L5, with posterior disk protrusion. [REDACTED] diagnostic impression was chronic lumbago with a sclerotomal leg component, and with a normal MRI study consistent with lumbar myofascial strain/sprain pain contusion. He did not believe the patient had a surgical pathology, and recommended aqua therapy two (2) times a week for four (4) weeks. There is a request for authorization form dated 07/31/2013, with a request for physical therapy, water therapy, and functional restoration two (2) times a week for four (4) weeks. [REDACTED] indicates that the patient had ten to eleven (10 to 11) sessions with chiropractic care, without much improvement. On the objective findings, the patient is described to be fit, paravertebral tenderness, no deformity, limited range of motion, and neurologically intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical medicine Page(s): 22, and 98-99.

Decision rationale: The patient presented with persistent low back pain and with an MRI demonstrating relatively normal findings. The treating physician has asked for water therapy two (2) times a week for four (4) weeks. The Chronic Pain Guidelines indicate that aqua therapy is "recommended as an optional form of excessive therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy including swimming can minimize the effects of gravities, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity." In this patient, the patient does not present with extreme obesity. The treating physician does not describe why reduced weight bearing is desirable. The examination described the patient to be fit. Recommendation is for denial.

Transfer of care and ongoing primary care and supervision via either the [REDACTED] functional restoration clinics in [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presented with chronic low back pain and with an MRI demonstrating minimal findings. There is a request for transfer of care and ongoing primary care supervision via either the [REDACTED] functional restoration clinic in [REDACTED]. The ACOEM Guidelines allow for referral to a specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present. Recommendation is for authorization. The patient should be allowed to change or see a different primary treater, which is the patient's choice. Recommendation is for authorization.