

Case Number:	CM13-0014976		
Date Assigned:	06/06/2014	Date of Injury:	06/23/2010
Decision Date:	11/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 is a 37-year-old male who sustained a remote industrial injury on 06/23/10 diagnosed with right L5 radiculopathy, lumbar degenerative disc disease, and lumbar sprain/strain. Mechanism of injury occurred while the patient was loading a pallet and pulling a dolly when he felt a click, resulting in back pain. The request for supervised pool therapy two times a week for four weeks for the lumbar spine was modified at utilization review to certify supervised pool therapy times six sessions for the lumbar spine due to the patient's obesity and failure of conservative treatment and to allow for documented objective evidence of functional improvement prior to authorizing further sessions. The most recent progress note provided is 04/25/14. The patient complains primarily of worsening sharp low back pain rated as a 5/10. Bending and lifting aggravate the pain while lying down and being in a comfortable position relieves the pain. The patient is currently doing his home exercise program and working with restrictions. Physical exam findings reveal decreased flexion and extension of the lumbar spine, positive straight leg raise bilaterally, and decreased sensation in the right thigh. Current medications include: Neurontin. It is noted that the patient feels that Neurontin is helpful and the treating physician would like to repeat an epidural steroid injection because the previous one was beneficial. Provided documents include several previous progress reports that highlight aquatic therapy helps with the pain, requests for authorization, prior utilization reviews, physical therapy progress notes that reveal the patient obtained functional improvement from aquatic therapy including improved mobility, a qualified medical evaluation supplemental report, and an operative report. On 07/12/13, it is noted that the patient reports performing his home exercise program every day but there is a request for 8 sessions of supervised pool therapy because the patient is obese and unable to tolerate land-based physical therapy. On 02/15/13, it is noted that the patient completed 6 sessions of physical therapy for the lumbar spine with no improvement in back pain. The

patient's previous treatments include epidural steroid injections, physical therapy, chiropractic care, TENS unit, and medications. Diagnostic studies provided include an EMG/NCV of the lower extremities, performed on 04/19/13. The impression of this study reveals subacute right L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Pool Therapy Two Times a Week for Four Weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: 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." In this case, the patient has undergone land-based physical therapy sessions that resulted in no functional improvement or improvement in pain. Additionally, it is indicated that the patient was trained in a home exercise program and the previous progress notes specifically highlight that he continues to participate in this program. Even though the patient is documented to be obese, the treating physician does not delineate why aqua therapy would be more beneficial than his current home exercise program. Further, there is no documentation of the patient's response to this home exercise program that he reports he performs daily. In addition to this, the requested 8 sessions without re-assessment is excessive, as guidelines recommend re-assessment of efficacy and continued need after 6 sessions of therapy. Due to this lack of documentation, the request for supervised pool therapy two times a week for four weeks for the lumbar spine is not medically necessary.