

Case Number:	CM13-0015205		
Date Assigned:	06/06/2014	Date of Injury:	05/20/1999
Decision Date:	08/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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 Management 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 patient with a date of injury of September 5, 1995. A progress report dated July 29, 2013 identifies subjective complaints of neck pain, low back pain, and pain radiating into both legs. The patient has had chiropractic treatment which has allowed him to sleep better. Objective examination findings reveal limited cervical and lumbar range of motion with decreased sensation in the C8 distribution on the right and L4, L5, and S1 dermatomes bilaterally. Additionally, the patient has 5-/5 strength bilaterally at the deltoid, biceps, wrist flexors, and triceps. There is also a weakness noted in the right and left lower extremities. The diagnoses include lumbar radiculopathy, cervical stenosis, degenerative disc disease of the cervical spine, and L1 compression fracture. The treatment plan recommends an interlaminar epidural injection at C3-C4, C4-C5, and C5-C6. Additionally, bilateral transforaminal epidural injections are requested at the L3 and L4 area of the lumbar spine. An MRI of the lumbar spine dated October 18, 2013 identifies neural foraminal narrowing at L2-3, L3-4, and postoperative changes noted at L4-5 and L5-S1. Electrodiagnostic study performed October 3, 2013 identifies bilateral L5/S1 radiculopathy. The upper extremities were not tested. A progress report dated September 16, 2013 indicates that the patient has failed conservative treatment including chiropractic care. The note goes on to indicate that the cervical epidural injection is being requested on a therapeutic and diagnostic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY FOR 12 SESSIONS, 2 TIMES PER WEEK FOR 6 WEEKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the requested aquatic therapy is not medically necessary.