

Case Number:	CM13-0015526		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2007
Decision Date:	03/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a date of birth 5/28/63 and a date of industrial injury on 10/24/07.. She was twisting to lift a box at work when she had injury in her lumbar spine. Patient presently complains of low back pain that radiates to bilateral lower extremities. She was diagnosed with amyoligamentous strain of the lumbar spine with radicular symptoms to the right and with evidence of 3-4 mm herniated nucleus pulposus at L5-S1 with pressure on the right S1 nerve root, per MRI, 7/10/10. An EMG/NCV performed on April 5, 2012 noted to be abnormal with right L5 radiculopathy. Treatment has included medication management, physical therapy. A document dated 8/8/13 states that the patient has completed 4 weeks of aqua/pool therapy and reports improved pain control and functional improvement. Four additional weeks of aqua/pool therapy were being requested and is the issue presented for review. A 9/9/13 letter written by [REDACTED] states that he recommends approval of aquatic therapy twice a week for six weeks as it has been beneficial to helping her symptoms in the past. She has not yet reached the plateau with aquatic therapy and will require additional therapy in order to return to full functional status as she still has deficits and loss of function as well as pain. A 10/31/13 document by [REDACTED] states that the patient presents to the clinic for an orthopedic re-evaluation of her lumbar spine. She has benefitted significantly from aquatic therapy in the past. While in aquatic therapy, she did note significant improvement in her symptoms; however, without aquatic therapy, she does regress in her symptoms and has shooting pain down her legs bilaterally. She continues to also have stiffness along the lumbar spine without aquatic therapy. Land therapy has not provided her as much as relief as aquatic therapy in the past. Patient's physical exam findings of the lumbar spine show paraspinal muscle tenderness and painful range of motion with positive straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Aquatic physical therapy two times four for the lumbar spine/ not medically necessary certified by physician advisor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy , Physical Medicine Page(s): 22,99.

Decision rationale: The Physician Reviewer's decision rationale: Aquatic physical therapy two times four for the lumbar spine is not medically necessary per MTUS guidelines. Per documentation patient has already had 4 weeks of aquatic therapy without significant lasting improvement in pain or function. Furthermore, an additional 8 sessions would exceed the recommended MTUS guideline recommendations of number of therapy visits for her condition of radiculitis. There is also no documentation that patient requires reduced weight bearing from a condition such as extreme obesity.