

Case Number:	CM13-0021814		
Date Assigned:	11/13/2013	Date of Injury:	04/13/1993
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 13, 1993. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; x-rays of the lumbar spine of December 18, 2012, read as negative for any acute osseous injury; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 28, 2013, the claims administrator denied a request for 18 sessions of aquatic therapy. The applicant's attorney later appealed, on September 5, 2013. A physical therapy evaluation note of July 24, 2013 is notable for comments that the applicant has pain with motion. It is suggested that the applicant has a 20-year history of chronic low back pain. It is stated that the applicant should try aquatic therapy followed by land-based therapy. An earlier February 8, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating down the left leg. The applicant is on Dilaudid and Norco for pain relief. The applicant exhibits 5/5 motor strength with the exception of right foot dorsiflexion, scored at 5-/5 and right foot Extensor Hallucis Longus (EHL) strength, also weakened. The applicant, however, does exhibit intact gait without any ataxia. Acupuncture, gym membership, and analgesic medications are endorsed while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

urgent Aquatic Therapy 3x wk x 6wks Lumbar Spine: Upheld

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable as, for example, with extreme obesity. In this case, however, there is no indication or evidence that the applicant has a condition for which reduced weightbearing is desirable. He was described on February 8, 2013 as exhibiting a normal gait, with no evidence of ataxia. There is no indication or evidence that the applicant's chronic low back pain is a condition for which reduced weightbearing is desirable. It is further noted that page 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorses an overall course of 8-10 sessions of treatment for neuralgia and/or radiculitis of various body parts and further endorses and/or tapering or reducing the frequency of physical therapy over time. Thus, the 18-session course of treatment proposed here would represent treatment in excess of the MTUS Guideline. For all of these reasons, then, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.