

Case Number:	CM13-0022507		
Date Assigned:	11/13/2013	Date of Injury:	05/05/2011
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 33-year-old female who reported a work related injury on 05/05/2011, specific mechanism of injury not stated. The patient currently presents for treatment of low back pain. The clinical note dated 09/18/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient additionally presents for complaints of right shoulder sprain/strain and GI upset secondary to med use. The provider documents the patient reports an increase in pain with associated numbness to the low back that radiates down the right lower extremity with tingling to the toes. The patient reports rate of pain at 8/10. The provider documents, due to the patient's increase in pain, the patient was unable to perform pool therapy the day before. The provider documents upon physical exam of the patient, lumbar spine tenderness in the paraspinals with muscle spasms and guarding were noted. The patient has right sacroiliac joint tenderness and decreased range of motion and positive sacroiliac stress testing. The provider documented right shoulder tenderness upon palpation of the parascapulars.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aquatic therapy for the lumbar spine, 3 x 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints as well as right upper extremity pain. The clinical notes document the patient has been utilizing aquatic therapy for her pain complaints; however, documentation of duration, frequency, or efficacy of treatment was not evidenced in the clinical notes reviewed. The provider documented on clinical note dated 09/18/2013 reported the patient was unable to utilize aquatic therapy due to increased pain complaints. Other clinical notes document the patient is 5 feet 4 inches and weighs 385 pounds and has been instructed to begin a weight loss program. Given the lack of documentation of duration, frequency, and efficacy, as well as objective functional deficits about the lumbar spine, the current request is not supported. The clinical notes document the patient has a date of injury of over 2 and a half years. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated for her continued lumbar spine pain. Given all of the above, the request for 12 aquatic therapy for the lumbar spine, 3 x 4 weeks as an outpatient is neither medically necessary nor appropriate.