

Case Number:	CM13-0025743		
Date Assigned:	03/03/2014	Date of Injury:	10/20/2011
Decision Date:	06/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Interventional Spine, 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:

The patient is a 44 year old with an injury date on 10/20/11. Based on the 7/26/13 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar lumbago 2. Lumbar herniated nucleus pulposus 3. Degenerative disc disease of lumbar 4. Lumbar discogenic and right to left L5 radiculitis due to L5-S1 herniated nucleus pulposus AME on 7/9/13 stated patient was lifting car batteries when he "heard a pop" on his back and felt "immediate intense pain" and patient reinjured it while lifting an oil jug on July 2012. Exam on 7/26/13 showed patient is 72 inches tall, weighs 215 pounds, and had "difficulties toe and heel walking as this aggravates mostly lower back pain, but performs a half squat tentatively due to lower back pain. Palpation of the L-spine reveals slight tension and tenderness in the lumbar paraspinal muscles. He has significantly limited lumbar flexion and extension only to a few degrees in both directions and tentative bilateral side bending due to localized lower back pain. Flexing forward causes reproduction of radicular pain down right leg." L-spine MRI on 3/25/13 showed L4-5 level had "mild facet arthropathy and no stenosis. L5-S1 level demonstrates mild degenerative disc disease and central/right paracentral shallow disk protrusion which causes mild mass effect on right S1 nerve root." There is no evidence patient has had previous pool therapy. [REDACTED] is requesting pool therapy 2 times a week for 6 weeks. The utilization review determination being challenged is dated 9/5/13 and rejected requested pool therapy due to lack of evidence of obesity. [REDACTED] is the requesting provider, and he provided treatment reports from 2/26/13 to 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13), Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98, 99.

Decision rationale: According to the 7/26/13 report by [REDACTED], this patient presents with bilateral lower back pain, worse on right side. Pain extends down leg in an L5 distribution. Aggravated with sitting, bending, and basically any movement. "Cannot bend forward or backwards." The request is for pool therapy 2 times a week for 6 weeks. AME on 7/9/13 revealed patient had completed 8 months of physical therapy from November 2012 to July 2013 but it only "worsened pain." The 9/6/13 report showed [REDACTED] suggested a discogram which was subsequently denied since it required a second opinion. [REDACTED] on 7/26/13 stated two prior epidural steroid injections were done: a bilateral L5-S1 on June 2012 and a right interlaminar L5-S1 on January 2013. [REDACTED] recommended a caudal injection to target S1 nerve roots. On 7/26/13, [REDACTED] recommended "pool therapy at [REDACTED] to see if this particular treatment program will be more effective than land-based physical therapy he has already undergone." Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 sessions of pool therapy which exceed what MTUS guidelines allow. Recommendation is for denial.