

Case Number:	CM13-0030481		
Date Assigned:	11/27/2013	Date of Injury:	11/07/2011
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 patient is a 38-year-old male who sustained an injury to his low back on 11/7/11. The injury occurred while the patient was pulling a cart with linens. As he took out the linen, he felt a crack in the low back. The patient has since been treated with physical therapy, Chiropractic, oral medication, epidural steroidal injections, and electroshock wave therapy. The patient also sustained an injury to his left wrist sometime in 2012. His treating physician's PR2 dated 8/12/13 reveal that patient is complaining of left wrist pain with stiffness, weakness, and numbness. He also complains of increased low back pain with grade 5 stiffness, grade 3 weakness and grade 1 numbness. Exam finding of the low back reveals tenderness with grade 1 swelling and grade 4 muscle spasm, decreased ranges of motion with flexion and extension, (+)SLR. Diagnosis of L/S herniated nucleus pulposus with radiculopathy and left wrist osteonecrosis of lunate. [REDACTED] report indicates no neurological findings or deficits and recommends FMC of PT, oral medications and epidurals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3x Wk X 4Wks Lumbar QTY: 12: Upheld

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

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

Decision rationale: CA MTUS chronic pain guides recommend in physical medicine, 9-10 visits for myalgia and myositis and 8-10 visits for neuritis or radiculitis. The request for therapy exceeds these guidelines. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The aquatic therapy guidelines use the physical medicine guides for number of visits and duration. Therefore as the physical medicine guides do not recommend the requested number of visits, the request for 12 aquatic therapy sessions is not necessary.