

Case Number:	CM13-0034498		
Date Assigned:	12/11/2013	Date of Injury:	04/18/2013
Decision Date:	02/07/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 claimant is a 44 year old male with a date of injury of 4/18/12. He was cleaning a building while working for the [REDACTED], the machine he was using pulled him the wrong way, and caused him to twist his back. The patient stated the pain is 9/10, and he has had minimal improvement despite anti-inflammatory and physical therapy. He did not have any injections or surgeries for the back. The most recent progress report from 9/5/13 indicates that the patient's symptoms have slightly improved following acupuncture and pool therapy sessions. Objective examination revealed tender lumbosacral paraspinals with slight spasm and guarding. Straight leg raise on the left was positive. Lumbar range of motion was as follows: flexion 38, extension 5, left flexion 15, and right flexion 12. His diagnoses include lumbosacral sprain/strain, left lower extremity radiculitis, multilevel disc bulges, stenosis, dizziness, and shortness of breath. The provider requested additional acupuncture and pool therapy. A request was made for a consult for bariatric surgery. Other requests included a urine drug screen, Quickdraw back brace, 120 Norco I 0/325mg, and 60 Anaprox DS 550mg. The patient was instructed to follow-up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six aquatic therapy sessions: Upheld

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

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

Decision rationale: MTUS 8 C.C.R. Â§Â§9792.20 - 9792.26 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in the case of extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. However, passive exercise therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records indicate that the patient is under treatment for low back pain with radiculitis. The records also indicate that the patient weighs 380 pounds, with a BMI of 51.1. As stated above, aquatic therapy is recommended in cases of extreme obesity, and the 9/5/13 progress report indicated that the patient experienced slight subjective improvements and lost 3 pounds with the initial 6 aquatic therapy sessions. The MTUS physical therapy guidelines recommended duration of therapy for myalgia and myositis, are 9-10 visits over 8 weeks, while neuralgia, neuritis, and radiculitis, are 8-10 visits over 4 weeks. Given the patient's weight and the positive improvements with the initial 6 aquatic therapy sessions, additional sessions would appear to be appropriate. However, the request for an additional six aquatic therapy sessions exceeds the recommended number allowed by the guidelines, so the request cannot be certified.