

Case Number:	CM13-0036280		
Date Assigned:	12/13/2013	Date of Injury:	11/21/2011
Decision Date:	07/28/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation, 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 injured worker is a 48 year old male who reported an injury on 11/21/2011 due to unknown mechanism. The injured worker had complaints of headaches, occasional dizziness and forgetfulness. The injured worker stated current pain and discomfort was impacting his ability to work and enjoy life. Physical examination on 01/10/2014 was by a neurologist which revealed depression rated 7/10. The examination of cervical and lumbar spine was deferred to the injured workers orthopedist. Romberg was negative, unable to do tandem gait with eyes closed, could not perform heel-toe gait well with left foot. Sensation to fine touch and pinprick was decreased in the left buttocks and back of left thigh. Diagnostic studies were not submitted. Medications were topiramate 100mg 1 twice a day, mirtazapine 15 mg two daily. Diagnoses were posttraumatic headaches, vascular type, with cognitive dysfunction, post-traumatic labyrinthitis, causing dizziness, mild to moderate L5 radiculopathy and most likely bilateral S1 radiculopathy due to abnormal nerve conduction study, hearing impairment. Treatment plan was for home muscle stretching exercises, aquatic therapy exercises on a daily basis, deep breathing type meditation as a relaxation technique. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic therapy visits for the left leg and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The request for 18 aquatic therapy visits for the leg and back is non-certified. The injured worker has had twelve aquatic therapy sessions in the past. The document submitted for review is lacking information. Diagnostic studies and medications tried and failed were not reported. A physician examination report with a thorough exam was lacking information. The California Medical Treatment Utilization Schedule states aquatic therapy is recommended and can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Reports from previous aquatic therapy showing improvement were not submitted. The most recent medical examination did not report functional values or strength deficits on the injured worker's back and lower extremities. Therefore, the request is non-certified.