

Case Number:	CM13-0042905		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2004
Decision Date:	05/22/2014	UR Denial Date:	10/16/2013
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 Orthopedic Surgery 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 57-year-old female who reported an injury on 08/19/2004. The mechanism of injury was not provided for review. The injured worker's treatment history included a cervical spine fusion at the C4-5 on 03/22/2013. The injured worker was evaluated on 09/05/2013. It was documented that the injured worker had continued low back pain and neck pain with some residual stiffness. Physical findings included mild trapezial spasming with 1+ deep tendon reflexes bilaterally of the upper extremities. Evaluation of the lumbar spine documented painful range of motion, positive straight leg raising test and a positive Lasegue's test. There was tenderness to palpation across the lumbar spine with decreased sensation in the L3 and L5 dermatomes. The injured worker's diagnoses included cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, and chronic intractable low back pain. The injured worker's treatment recommendations included trigger point injections, aquatic therapy, and lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 TIMES PER WEEK FOR 6 WEEKS IN TREATMENT OF THE LUMBAR REGION: Upheld

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

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

Decision rationale: The clinical documentation submitted for review did not provide an adequate treatment history to determine if the injured worker has undergone any previous physical therapy to the lumbar spine. Additionally, California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for radicular pain. The requested 12 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight-bearing environment while participating in active therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker requires such an environment and could not participate in land-based physical therapy. As such, the requested aquatic therapy 2 times per week for 6 weeks in the treatment in the lumbar region is not medically necessary or appropriate.