

Case Number:	CM13-0044925		
Date Assigned:	12/27/2013	Date of Injury:	03/23/1989
Decision Date:	02/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Texas and Ohio. 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 76-year-old male who reported an injury on 03/23/1989. The mechanism of injury information was not provided within the medical records. The patient's diagnoses include lumbar herniated disc, ICD-9 code 722.10; lumbar postlaminectomy syndrome, ICD-9 code 722.83; chronic low back pain syndrome, ICD-9 code 307.89; chronic pain syndrome, ICD-9 code 338.4; and lumbar disc desiccation, ICD-9 code 722.52. X-ray of the pelvis dated 11/07/2013 revealed intact pelvis, and mild right hip osteoarthritis. The most recent clinical note is dated 11/21/2013, that reveals the patient complains of right-sided low back pain he rates at a 6/10. He describes the pain as aching, burning, stabbing, and tight. Aggravating factors include bending, lumbar extension, lumbar flexion, and walking. The patient remains on medication regimen including alprazolam 1 mg, cyclobenzaprine 10 mg, meloxicam 15 mg, oxycodone 20 mg, senna 8.6 mg, and DSS 250 mg. Physical examination revealed antalgic gait favoring the right, but improved from the last visit. The patient's gait was also noted as forward flexed. Range of motion of the lumbar spine was within normal limits, except for flexion, which was limited to 30 degrees with pain, and extension, which was limited to 0 degrees with pain. Motor strength of the lumbar spine was within normal limits, except for the lumbar spine flexors, which were graded 3+/5; and extensors, which were graded 3+/5. There was noted lumbar spine abnormal reversal lumbar lordosis. There was a documented negative slump test bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two times a week for 3 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Section Page(s): 98-99.

Decision rationale: The decision for aquatic therapy two times a week for 3 weeks for the lumbar spine is not medically necessary. The patient has received an unknown amount of physical therapy treatments since the date of injury. The patient continues to have complaints of pain to his hip, pain to his low back, and pain to his groin. He rates the pain 10/10 without medications and 5/10 to 6/10 with medications. The patient continues to have slow, mildly antalgic gait. His posture is flexed forward. He is ambulating with use of a front-wheeled walker. He noted mild tenderness to palpation of the lumbar spine. However, the patient's strength is rated 5/5. There is decreased range of motion to the right hip with end range pain; and range of motion is full and painless on the left side. There is no documentation of any improvement in the patient's functional capabilities or decrease in the patient's pain with the previously-received physical therapy sessions. Therefore, the medical necessity for aquatic therapy 2 times a week for 3 weeks for the lumbar spine cannot be determined as medically necessary at this time, and the request is non-certified.