MAXIMUS Federal Services

Case Number:	CM13-0048509		
Date Assigned:	01/15/2014	Date of Injury:	02/20/2012
Decision Date:	04/22/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 patient is a 63-year-old female who was injured on 02/20/2012 while she was placing a baby in a swing, she squatted down behind him and lost her balance and fell backwards onto her buttocks and developed low back pain. The prior treatment history has included physical therapy twice a week for four to six (4-6) weeks from 09/25/2013 through 10/18/2013 and aquatic therapy as well as sacroiliac (SI) joint injections. The diagnostic studies reviewed include an MRI of the lumbar spine dated 02/27/2012 revealing an old L1 compression fracture and multi-level degenerative disc disease and spondylosis, without significant stenosis. An x-ray dated 06/06/2012 reveals an old L1 compression fracture and severe degenerative disc disease at L2-3. An MRI of the lumbar spine without contrast dated 08/12/2013 reveals: 1) Possible impingement of the bilateral exiting L3 nerve roots and the bilateral transiting L3 nerve roots; 2) Multi-level degenerative disc disease is most significant at the L4-5 level where there is moderate central canal stenosis; and 3) Chronic compression fracture of L1 and superior endplate fracture of L2. A progress note dated 08/15/2013, documented the patient to have complaints of severe pain across her low back. Both sides bother her quite a bit, and occasional shooting pain down her right buttock. The objective findings on exam reveal that she is sitting in a wheelchair. The patient is very unstable when standing. She has severe and exquisite tenderness to palpation about the SI joints bilaterally. She has a positive thumb test, as well as positive compression test for SI joint pain. The strength is 5/5 in the lower extremities. A progress note dated 09/24/2013, documented the patient with continued severe back pain on both sides of her lower back. It is worse with standing and walking. She has been doing a little bit of walk with pool therapy. The objective findings on exam indicate that the patient was in a wheelchair, but able to stand. A neurological and lumbar exam reveals that alignment is normal. There was severe TTP in the SI joints bilaterally. There was a positive FABER test, and positive Gaenslen's test. The reflexes

included: left over right: patellar 2/2, ankle 2/2, and negative clonus. The sensation was intact to light touch of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PHYSICAL THERAPY (PT) WITH AQUATIC THERAPY BETWEEN 10/14/2013 AND 11/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapters: Hip & Pelvis

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is recommended as a modality of treatment to help control swelling, pain, and inflammation during the rehabilitation process. The medical records indicate that the patient had been complaining of low back pain, but there is no documentation of radiculopathy. She received nine (9) sessions of physical therapy in five (5) weeks, without documented functional improvement or pain reduction. Medical necessity has not been established. The Guidelines also indicate 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, for example extreme obesity, and to improve some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia. The medical records document that the patient used a wheelchair, complained of vertigo, and had some form of aquatic therapy (frequency or effects on the patient were not documented). In the absence of the documented body mass index (BMI) of the patient and the neurological causes or testing that support the patient's complaints of vertigo or any other issues of balance, the request is not medically necessary according to the guidelines.