

Case Number:	CM13-0068077		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2012
Decision Date:	05/28/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 08/06/2012. The medical records sent for review include a Request for Authorization for Medical Treatment DWC Form RFA dated 12/03/2013 with a diagnosis of displacement of lumbar intervertebral disc without myelopathy, and the service requested is 8 additional aqua therapy sessions. Clinical note dated 12/02/2013 indicated that the injured worker was status post lumbar transforaminal steroid injection L4-5 on 07/30/2013. The injured worker reported that going to physical therapy with water and heat therapy and exercise machines has been beneficial in reducing pain and improving function. The injured worker described the pain as dull and aching and that it exacerbated by standing, sitting, and walking, and improves with rest. Physical exam of the lumbar spine revealed range of motion to forward flexion was 50 degrees, extension was 10 degrees, and side bending was 20 degrees to the right and 20 degrees to the left. Inspection of the lumbar spine revealed no asymmetry or scoliosis. There was noted tenderness to palpation over the bilateral lumbar paraspinal muscles. There was sciatic notch tenderness noted. There was mild positive lumbar facet loading maneuver bilaterally. There was mild positive straight leg raise test on the left in the seated and supine position of 50 degrees. Medications were listed as Hydrocodone 10/325 as prescribed, Flexeril 10 mg twice a day as needed, and Lidoderm patch 5% every 12 hours. Treatment plan was to follow-up in 4 weeks for re-evaluation and approved for 2 physical therapy treatments. The injured worker referred for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 8 AQUA THERAPY SESSIONS OF THE LUMBER SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that aqua therapy may be recommended as an optional form of exercise therapy when available opposed to land-based physical therapy. Aquatic therapy can include swimming while minimizing the effects of gravity. It is specifically recommended where reduced weight-bearing is desired or for the patients that are extremely obese. Physical exam of the lumbar spine reveals range of motion to forward flexion is 50 degrees, extension is 10 degrees, and side bending is 20 degrees to the right and 20 degrees to the left. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is noted tenderness to palpation over the bilateral lumbar paraspinal muscles, sciatic notch tenderness, mild positive lumbar facet loading maneuver bilaterally and mild positive straight leg raise test on the left in the seated and supine position of 50 degrees. The documentation that was provided for review did not provide any details in regard to the injured worker's previous aquatic therapy, which would include the number of visits already provided, the duration of treatments, and the objective functional gains obtained for the aquatic treatments or a diagnosis of obesity that would fit the criteria set forth by the California MTUS Guidelines. Therefore, the request for additional 8 aqua therapy sessions of the lumbar spine is not medically necessary and appropriate.