

Case Number:	CM13-0071640		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2006
Decision Date:	08/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 47-year-old male who has submitted a claim for lumbar myoligamentous injury, with associated facet joint hypertrophy, herniated nucleus pulposus at L4-L5 and L5-S1, with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, coronary artery disease, status post coronary stents, uncontrolled severe hypertension, three-level positive provocative discography, s/p coronary bypass graft x3 vessels, November 20, 2012, medication induced gastritis, and right lateral epicondylitis associated with an industrial injury date of 2/27/06. Medical records from 2013 were reviewed which revealed persistent low back pain radiating down to both lower extremities. Physical examination of the lumbar spine showed tenderness in the lower lumbar region. Muscle rigidity and straightening of lordotic curvature was noted. Lumbar spine range of motion was decreased. Facet loading caused pain bilaterally. Straight leg raise in modified sitting position was positive on the left at 15 degrees causing axial back pain. SLR was negative on the right. Left elbow exam showed point tenderness along lateral epicondylar region. Pain was reproducible with resisted extension. Lumbar provocative discogram done on 2/3/10 showed unequivocally positive L4-L5 greater than L3-L4 and L5-S1 with completely negative control at L2-3. MRI done on 10/28/09 showed L4-L5 severe intervertebral disc space narrowing with decreased signal intensity and desiccation. There was a 3-5mm disc bulge with annular fibrosis causing severe central and moderate bilateral foraminal stenosis. L5-S1 had a 2 to 3 mm disc bulge with mild central and bilateral foraminal stenosis. Degenerative changes were noted in the facet joints at L4-5 and L5-S1. The treatment to date has included spinal cord stimulation trial, intrathecal pump trial, physical therapy sessions, aquatic therapy and exercise program. Medications taken include, Norco 10/325, Roxicodone 30 mg, Soma 350 mg, Anaprox DS 550 mg, Oxycontin 80 mg, and Wellbutrin, Neurontin 600 mg, Prilosec 20 mg, Lisinoprol 20 mg, Clonidine .1mg, Minoxidil 10

mg, Lasix 40 mg, Carvedilol 25mg, Amlodipine 10 mg, Simvastation 20 mg, Coumadin 17 mg, Xanax 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua therapy sessions, 2 times a week for 6 weeks: Overturned

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

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

Decision rationale: As stated on page 22 of California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity or fractures of the lower extremity. In this case, the patient had aquatic therapy session 2x a week for 6 weeks as mentioned on progress report dated 6/20/2013. He underwent aquatic therapy because land-based exercises aggravated his ongoing low back pain and had difficulty with many land-based exercises. Aqua therapy was noted to be beneficial as indicated on his progress report dated 1/7/14. Although body mass index and fracture of lower extremities were not documented, the aggravation of symptoms with land-based therapy is an indication for aquatic therapy. Therefore, the request for aqua therapy 2 times per week for 6 weeks is medically necessary.