

Case Number:	CM14-0000740		
Date Assigned:	01/22/2014	Date of Injury:	08/01/2013
Decision Date:	05/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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:

On the 8/1/13 date of injury, the patient was loading boxes weighing between 45 and 65 pounds repetitively onto a pallet, requiring repetitive bending at the waist and lifting at the waist. Physical exam demonstrates a dramatic list to the left, very antalgic gait secondary to pain and weakness on the right leg. There is lumbar spasm and tenderness. 10/15/13 progress report indicates persistent low back pain radiating to the bilateral legs with numbness. The patient has a great deal of difficulty walking. 10/30/13 physical exam describes the patient as fit and tall in stature. 8/22/13 lumbar MRI demonstrates a 12-mm central extrusion of the L4-5 intervertebral disk extending 8mm caudal to the intervertebral disk space level, resulting in severe central canal Final Determination Letter for IMR Case Number CM14-0000740 3 stenosis. Treatment to date has included TENS unit, physical therapy, medication, chiropractic care, activity modification. There is documentation of a 12/19/13 adverse determination after was no indication of the patient's treatments to date and his response; no indication of his response to prior supervised physical therapy; no indication that he would be capable of a self-directed program; and excessive duration of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY, SELF DIRECTED: Upheld

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

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

Decision rationale: The CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The patient presents with persistent low back complaints. Imaging reports corroborate severe central canal stenosis secondary to a disc extrusion at L4-5. However, there is no clear evidence of indications for aquatic therapy. There is no discussion as to why the patient would require reduced weight bearing. While the specific height and weight were not recently assessed, the patient was described as fit and tall in stature on physical exam. There is no indication that the patient would be overly obese. It is unclear why land-based PT would have been insufficient. There is also concern over the requested program being self-directed with no evidence of prior instruction or supervision by a medical professional. The proposed duration would exceed medical practice standards of care criteria that would make it reasonable to closely follow and assess the patient's objective functional progress. The request is considered not medically necessary.