

Case Number:	CM14-0102874		
Date Assigned:	07/30/2014	Date of Injury:	12/08/2013
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old male with date of injury of 12/08/2013. The listed diagnoses per [REDACTED] from 06/12/2014 are Disc displacement, not otherwise specified and Sciatica. According to the May 9, 2014 report by [REDACTED], the patient complains of lumbar spine pain with posterolateral radicular pain down the left leg. He rates his back pain 5-6/10 which is sharp, burning, and continuous. The left leg pain is 7/10, but activity related. His walking is limited. The examination shows the patient is de-conditioned but in good health. Range of motion of the cervical spine shows full flexion. He has a positive left sciatic notch tenderness, negative on the right. Neurologic examination shows normal resistive strength in the upper and lower extremities. He has diminished pinprick in the stocking distribution on the right. The reflexes are 2+ at the right patella, 1+ at the left patella. The patient's current weight is 220 lbs. The utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Physical Therapy

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

Decision rationale: This patient presents with lumbar spine pain with radicular symptoms down the left leg. The treater is requesting six aquatic therapy sessions. The MTUS guidelines recommends aquatic therapy as an option for land based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The physical therapy report from 02/24/2014 shows visit 6 of 6. This PT report notes that the patient's response to treatment includes: decreased inflammation, decreased pain, decreased muscle spasm, increase strength and increased range of motion. In this case, the patient has completed six land-based physical therapy visits to date. While the patient may benefit from decreased weight bearing exercises given the treater statement that the patient has difficulty with ambulation, the requested 6 sessions would exceed 10 total sessions of therapy allowed by MTUS guidelines for this kind of condition. Furthermore, the therapy note seems to indicate that the patient tolerated treatments well with improvement. It is not known why the treater would like the patient to go for water therapy. Recommendation is for denial.