

Case Number:	CM14-0108434		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 49-year-old male who reported an injury on 08/02/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar spine, ligament and muscle sprain/strain, quadratus lumborum strain, and bilateral L5 lumbar radiculopathy. Past medical treatment consisted of physical therapy, ESIs, and medication therapy. Medications include ibuprofen. On 07/11/2014, the injured worker complained of lumbar spine pain. Physical examination revealed that the pain rate was 5/10 to 7/10. It was noted that the injured worker had tenderness to palpation over the lumbar paraspinals. Tenderness to palpation over the quadratus lumborum. Range of motion was limited at the lumbar spine due to pain. The injured worker was noted to have a forward flexion of 20 degrees, and an extension of 20 degrees. Lateroflexion was 25 degrees bilaterally. Lateral rotation was 45 degrees bilaterally. Straight leg raise was positive bilaterally. Neurologic function distal to mid thoracic spine was intact. Sensory examination revealed that the injured worker had diminished sensation at L4-5 level bilaterally. The treatment plan is for the injured worker to undergo aquatic therapy for the lumbar spine and attend a weight loss program. The reason for the aquatic therapy and the weight loss program is the injured worker is awaiting authorization for surgery. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes, Lifestyle modifications.

Decision rationale: The request for Weight loss program is not medically necessary. The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line intervention. Modified diet and an active lifestyle can have major benefits. The submitted documentation did not indicate that the injured worker had tried and failed with personal diet and lifestyle modifications to warrant enrollment in an instructed weight loss program. Given the above, the injured worker is not within the recommended Official Disability Guidelines. As such, the request for Weight loss program is not medically necessary.

Aqua therapy (lumbar): 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 Physical Medicine Page(s): 22 98-99.

Decision rationale: The request for Aqua therapy (lumbar) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The California (MTUS) Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that for the treatment of myalgia and myositis it is 9 to visits, and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. The submitted documentation lacked any evidence as to why the injured worker would benefit from aquatic therapy. There was no indication or diagnosis of the injured worker being obese. Furthermore, there were no functional impairments noted on the injured worker physical examination. There was no rationale as to why the injured worker would not benefit from a land based home exercise program. Additionally, the request was not specific as to how many sessions of aquatic therapy the provider was requesting. As such, the request for Aqua therapy (lumbar) is not medically necessary.