

Case Number:	CM14-0012099		
Date Assigned:	02/21/2014	Date of Injury:	05/23/2011
Decision Date:	08/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 female who reported an injury on 05/23/2011 secondary to a slip and fall down steps. The injured worker complained of moderately severe, persistent pain to the lower back, gluteal area, legs and thigh. The pain radiated down the right leg to the right foot. She described her pain as achy, burning, deep, numbness, piercing, sharp, shooting; stabbing and throbbing that was aggravated by ascending/descending stairs, bending, daily activity, jumping, lying, rest, pushing, running, sitting, standing and walking, and is relieved by lying down and pain medications. The examination on 02/19/2014 of the lumbar spine showed her to have an antalgic gait with the use of a cane, decreased range of motion during flexion and extension, tenderness to palpation over the paraspinous gluteals, posterior superior iliac spine, sacroiliac joint, pain to the right greater trochanter, the buttock, and a positive straight leg raise on the right, with moderate pain on rotation. She had an MRI of the lumbar spine done on 04/29/2013 and an EMG on 06/12/2013. She had diagnoses of chronic pain due to trauma, muscle spasm, myalgia and mytosis unspecified, herniated nucleus pulposus, spinal stenosis of the lumbar region, degenerative disc disease of the lumbar, and radiculopathy of the thoracic, lumbar or lumbosacral. Her past treatments included epidural steroid injections in which she reported she did not have much relief with, psychological sessions that she cancelled due to her feeling they were not helpful to her, and use of a TENS (transcutaneous electrical nerve stimulator) unit. Her medications included oxycodone 20 mg once 4 times a day, nortriptyline 75 mg 2 at bedtime, Flexeril 10 mg 1 at bedtime, Butrans 20 mcg/hr 1 patch every 7 days, and baclofen 20 mg 1 by mouth twice a day. The treatment plan was to continue aquatic therapy, the use of the TENS unit, and medications, monitor for adherence with urine drug screens, and routine labs, recommend lumbar surgery and consider a FRP (functional restoration program).

The request for authorization form was signed and dated 02/19/2014. There was no rationale for the request for aquatic therapy, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 12 SESSIONS: 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 request for aquatic therapy, 12 sessions, is not medically necessary. The injured worker complained of pain to the lower back, right gluteal and right leg that radiated down to the foot. She had past treatments of epidural steroid injections, oral medications, and the use of a TENS unit. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weightbearing is desirable, for example extreme obesity. Per the medical records submitted and reviewed, the injured worker had antalgic gait and limited range of motion to the lumbar spine, however all muscle strengths to upper and lower limbs were 5/5. There is no documentation to suggest the need for aquatic therapy over land-based therapy. Therefore, the request for aquatic therapy, 12 sessions, is not medically necessary.