

Case Number:	CM14-0014210		
Date Assigned:	02/26/2014	Date of Injury:	10/06/2009
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Minnesota. 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 58-year-old female with an injury reported on 10/06/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/14/2014 reported that the injured worker complained of low back and right leg pain. Upon physical examination, the injured worker had tenderness to touch with palpable paravertebral spasms along bilateral sides of her lower thoracic and lumbar spine. The injured worker's range of motion to her lumbar spine demonstrated flexion to 30 degrees, extension to 10 degrees, left and right lateral bending to 15 degrees. It was reported the injured worker's muscle strength was 5/5 bilaterally. The injured worker's prescribed medication list included Zoloft, bupropion, and Lunesta. The injured worker's diagnoses included chronic intractable lower back pain, status post right side L5-S1 laminectomy, degenerative disc disease at L5-S1 with mild osteophytic spurring with no obvious dynamic instability. A MRI dated 09/26/2013 revealed significant spondylosis at L5-S1 with about 50% loss of disc height at L5-S1 with residual moderate bilateral L5 foraminal stenosis. The provider requested aqua therapy to treat the injured worker's low back pain exacerbation; and a GI consult, due to the complain of acid reflux type symptoms. The injured worker's prior treatments included epidural steroid injections (date not specified), and aquatic therapy. The date and amount of previous aquatic therapy was not provided within clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY X8 LUMBAR: Upheld

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, 99.

Decision rationale: The provider's rationale for aquatic therapy is to treat the injured worker's low back pain exacerbation. The MTUS Chronic Pain Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. It was noted the injured worker had previous aqua therapy sessions. There is a lack of therapy notes documenting the injured worker's progression and improvement with aquatic therapy. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker had significant functional deficits. There was a lack of clinical information indicating the medical necessity of aquatic therapy. The amount of previous aqua therapy sessions was not provided in the clinical note. Furthermore, additional aquatic therapy exceeds the guideline recommendation of 8-10 sessions. Given the information provided, there is insufficient evidence to determine the appropriateness of continued aqua therapy. Therefore, the request is not medically necessary and appropriate.

GI CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, OFFICE VISIT.

Decision rationale: The provider's rationale for GI consult was to have a GI specialist evaluate the injured worker's reflux-like symptoms. The Official Disability Guidelines recommend an office visit to be medically necessary. There is a lack of clinical information indicating the injured worker had utilized a proton pump inhibitor for her acid reflux symptoms. The physical examination of the gastrointestinal system was negative for any significant abnormalities. Moreover, there is a lack of clinical information provided indicating how long the injured worker has had reflux symptoms. In addition, there is a lack of documentation of NSAID side effects reported by the injured worker that would warrant a GI consult. Therefore, the request is not medically necessary and appropriate.