

Case Number:	CM14-0017323		
Date Assigned:	02/24/2014	Date of Injury:	08/05/2012
Decision Date:	10/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 08/05/12 when, while lifting boxes he developed sharp and shooting low back pain. Treatments included pain medications and he was provided with a back support. Physical therapy and acupuncture provided temporary relief. He was seen on 07/26/13. He was having back pain radiating into the lower extremities and difficulty sleeping. Physical examination findings included a height of 6 feet and weight 230 pounds which corresponds to a BMI of 31.2 and a diagnosis of obesity. There was lumbar paraspinal, sacroiliac joint and sciatic notch tenderness with multilevel segmental hypomobility. Straight leg raising produced back pain. There was decreased lumbar spine range of motion. Diagnoses included a lumbar sprain/strain and lumbar disc herniation with radiculitis. Recommendations included chiropractic care and use of modalities. An MRI of the lumbar spine on 12/26/13 showed findings of multilevel disc bulging with mild to moderate canal stenosis at L4-5 and moderate to severe foraminal narrowing at L5-S1. There was lower lumbar facet hypertrophy. He was seen by the requesting provider on 10/23/13. Prior treatments had included 12 physical therapy treatment sessions without improvement. He was having ongoing back pain with lower extremity radiculopathy. He was having difficulty performing activities of daily living. He was working without restrictions. Physical examination findings included decreased lumbar spine range of motion with muscle spasms, tenderness, and guarding. There was decreased lower extremity sensation. He was considering surgery. Authorization for MRI of the lumbar spine was requested as well as 12 sessions of aquatic therapy. On 01/16/14 he was having ongoing low back pain radiating into the lower extremities. Imaging results were reviewed. Physical examination findings included lumbar spine decreased lumbar spine range of motion

with muscle spasms, tenderness, and guarding. There was decreased lower extremity sensation. Authorization was requested for an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Therapy to Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain radiating into the lower extremities. Treatments have already included 12 sessions of land-based physical therapy. Imaging findings of the lumbar spine have shown lower lumbar facet arthropathy with moderate to severe canal and foraminal stenosis and he is obese. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weightbearing physical activities. In this case, the claimant was able to participate in 12 sessions of land-based physical therapy but without improvement. Although there is no instability of the lumbar spine that would be expected to limit the claimant's ability to participate in weight-bearing physical activities, he has facet arthropathy and foraminal stenosis. Weight bearing activities in the upright position would tend to place additional stress across the lumbar facet joints and would be expected to worsen the foraminal and canal narrowing. Therefore, a trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not considered medically necessary.