

Case Number:	CM14-0119086		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2009
Decision Date:	10/02/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Medicine 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:

This is a 57-year-old male who reported an industrial injury the back on 1/14/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient was treated conservatively; however underwent surgical intervention to the lumbar spine during January 2011, which included L4-S1 anterior discectomies with L4-L5 total disk arthroplasty and L5-S1 arthrodesis. The patient complained of residual pain to the lower back. The patient currently complains of lower back pain with radiation to the bilateral lower extremities. The patient reports that 80% of the pain is to his back and 20% of the pain to his lower extremities. The patient is noted to ambulate with a cane. The patient is being prescribed Gabapentin; Tylenol with Codeine; and Norco 10/325 mg. The objective findings on examination included "restricted range of motion of the lumbar spine; positive lumbar facet loading maneuver bilaterally; positive SLR bilaterally; unable to walk on heels toe pattern; bilateral facet tenderness L3-L4, L4-L5, and L5-S1; motor examination was 5-/5 on left EHL and knee flexors; sensory examination was decreased light touch over the medial calf lateral calf L4 and L5 to the lower extremity." The patient was noted to be participating in an exercise program. The treatment plan included discontinuing Gabapentin with a trial of Lyrica along with Norco. The patient was prescribed aquatic therapy times 12 sessions; medial branch blocks on the right at L3-S1; and consideration for possible ESIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 12 sessions for the low back.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 203-204; 299-300, Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99; 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Official Disability Guidelines (ODG) lower back section--Physical Therapy; knee section--PT;

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. The patient has received postoperative rehabilitation physical therapy to the lumbar spine. There is no rationale to support additional physical therapy (PT) over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care five (5) years after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The CA MTUS and the Official Disability Guidelines recommend up to thirty-four (34) post-operative sessions of PT over 16 weeks (after graft maturity) for the rehabilitation of lumbar spine fusions. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient has some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state. "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The ACOEM Guidelines state: "Aerobic exercise is beneficial

as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested 12 sessions of aquatic therapy directed to the lumbar spine.