

Case Number:	CM14-0124034		
Date Assigned:	08/08/2014	Date of Injury:	01/25/2010
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/06/2014

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 43-year-old female who reported an injury on 01/25/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of knee pain, neurotic depression, and low back pain. Medical treatment consists of home exercise program, chiropractic manipulation therapy, physical therapy, and medication therapy. The injured worker underwent left lateral release patellar debridement with partial medial meniscectomy. On 08/04/2014, the injured worker complained of low back and knee pain. Physical examination revealed that the injured worker had a pain rate of 8/10. Examination of the lumbar spine revealed the injured worker had a decreased level of flexion, extension, left lateral flexion, right lateral flexion, left rotation, and right rotation with pain. It was also noted that the injured worker had tenderness to palpation of the lumbar spine. The medical treatment plan is for the injured worker to undergo sessions of aquatic therapy and undergo an x-ray of the lumbar spine. The provider feels that these are necessary due to the injured worker has been in pain for more than 8 days. The Request for Authorization form was submitted on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy twice a week for four weeks for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98,99.

Decision rationale: The request for aquatic therapy twice a week for 4 weeks for the lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend aquatic therapy as an optional form exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis it is 8 to 10 visits. Given the above, the injured worker is not within the California (MTUS) recommended guidelines. The submitted report did not indicate that the injured worker had a diagnosis of obesity. Aquatic therapy is recommended only when reduced weight bearing is desirable. Furthermore, the submitted reports did not indicate trial and failure of conservative care. There was no documentation indicating that the injured worker had trialed and failed any type of non-steroidal anti-inflammatory drugs (NSAID) or analgesic medication. Additionally, it was indicated that the injured worker had undergone physical therapy but there was no documentation revealing what the outcomes of such therapy were. It did not indicate whether the therapy helped the injured worker with any functional deficits. Furthermore, the rationale for the aquatic therapy was not submitted by the provider. As such, the request for aquatic therapy twice a week for 4 weeks is not medically necessary.

X-ray of Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 7/3/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for x-ray of the lumbar spine is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state lumbar spine x-ray should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in the injured worker's management. The requests for x-rays of the lumbar spine do not meet the California Medical Treatment Utilization Schedule (MTUS) guideline criteria. There were no red flag conditions documented or submitted in the report and there was no rationale as to how the results of the x-ray would be used to direct future care of the injured worker. As such, the request for x-ray of the lumbar spine is not medically necessary.