

Case Number:	CM14-0126223		
Date Assigned:	08/13/2014	Date of Injury:	02/29/2012
Decision Date:	11/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/08/2014

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 Preventative 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:

According to the records made available for review, this is a 49-year-old female with a 2/29/12 date of injury. At the time (7/3/14) of the request for authorization for physical therapy aquatic & land with massage of lumbar spine #18, there is documentation of subjective (lower back pain) and objective (tilt and rotation is positive left, flexion and hyperextension are positive left) findings, current diagnoses (arthropathy lumbosacral or sacroiliac, disc disorder lumbar, disc disorder NEC/NOS lumbar, herniated disc lumbar, low back pain, lumbago, and radiculopathy lumbar), and treatment to date (aquatic therapy and physical therapy 3 cycles of approximately 8 sessions each). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date; and a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy aquatic & land with massage of Lumbar Spine #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Passive therapy:Massage therapy:Aquatic the.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy, massage therapy Page(s): 98, 22, 60. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Low Back; Aquatic therapy, physical therapy, and massage therapy

Decision rationale: Regarding aquatic therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding physical therapy, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Regarding massage, MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of arthropathy lumbosacral or sacroiliac, disc disorder lumbar, disc disorder NEC/NOS lumbar, herniated disc lumbar, low back pain, lumbago, and radiculopathy lumbar. In addition, there is documentation that massage therapy is being used as an adjunct to other recommended treatment. However, there is documentation of treatment with at least 24 therapy sessions, which exceeds guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with therapy completed to date. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy aquatic & land with massage of lumbar spine #18 is not medically necessary.