

Case Number:	CM14-0156952		
Date Assigned:	09/29/2014	Date of Injury:	04/23/2013
Decision Date:	12/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 & Rehabilitation and is licensed to practice in New York. 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 38-year-old male who reported injury on 04/23/2013. The mechanism of injury was a near fall with a jerking motion. The diagnoses included chronic lumbar strain with sacroiliac strain, right greater than left. Past treatments have included epidural steroid injection, physical therapy, and medications. An undated MRI of the lumbar spine was noted to have revealed degenerative disc disease at L4-5 with disc protrusion and moderate spinal stenosis, mild degenerative changes of the L4-5 facet joint, and mild congenital spinal narrowing at L3-4. The progress note, dated 08/08/2014, noted the injured worker complained of low back pain radiating to his right buttock and posterior thigh, upper calf, and medial foot, with weakness at times. The pain was rated to range from 5/10 to 10/10. He reported improved pain and range of motion since starting aquatic physical therapy. The physical exam revealed moderate tenderness of the right sacroiliac joint, and paralumbar spasm. Range of motion of the spine was noted to be limited due to pain, and was documented as flexion to 60% of normal, extension to 50% of normal, right lateral flexion to 40% of normal, and left lateral flexion to 70% of normal. The physician recommended continued physical therapy and a work hardening program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy X 5 to Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 23; 98-99.

Decision rationale: The injured worker was noted to have pain to his low back ranging from 5/10 to 10/10. His lumbar spine range of motion was noted to have been limited due to pain. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Physical medicine is intended to restore flexibility, strength, endurance, function and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and a continuation of active therapy at home as an extension of the treatment process. It is unclear how many sessions of physical therapy the injured worker has attended. An additional 5 sessions may exceed the guideline recommendations for aquatic therapy. There is no measurement of functional improvement with the course of aquatic therapy. There is no documented improvement of pain over the course of aquatic therapy. Improvement of pain and function would need to be documented to determine the necessity for further aquatic therapy sessions. Due to the lack of documentation of the efficacy of the previous aquatic therapy, and the lack of documentation of the number of sessions completed, the request for 5 additional sessions is unsupported and possibly excessive at this time. Therefore, the request is not medically necessary.

PT (Work Hardening Program) 2X4 Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Work Conditioning(WC), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, Page(s): 125-126.

Decision rationale: The injured worker was noted to have pain to his low back ranging from 5/10 to 10/10. His lumbar spine range of motion was noted to have been limited due to pain. The California MTUS Guidelines indicate criteria for admission to a work hardening program include documentation of functional limitations precluding the injured worker's ability to safely achieve current job demands in the medium or higher demand level. A functional capacity evaluation (FCE) may be required, demonstrating capacities below an employer verified Physical Demands Analysis (PDA). The injured worker must show a plateau of improvement after an adequate trial of physical therapy, and be unlikely to benefit from continued physical or general conditioning. The injured worker must not be a candidate for surgery or other treatments that would improve function. The injured worker should be able to participate in treatment for a minimum of 4 hours a day for 3 to 5 days a week. The injured worker should have a documented specific job to return to, agreed to by the employer and the employee. The injured worker must be no more than 2 years past the date of injury. The injured worker's job demands were not clear. There is a lack of indication of a plateau of improvement with the physical therapy program. The physician

indicates more invasive options should be performed if physical therapy is not adequate. It is not stated that the injured worker has a job to return to, as he was reported to have not worked since 04/2014. There is no documentation of a screening to indicate the likelihood of success in the work hardening program. Given the above, the injured worker's participation in a work hardening program is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.