

Case Number:	CM14-0157783		
Date Assigned:	10/01/2014	Date of Injury:	12/13/2012
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
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 Occupational Medicine and is licensed to practice in California. /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:

Patient is a 57 year-old male with date of injury 12/13/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/16/2014, lists subjective complaints as low back pain with radicular symptoms into the right thigh and leg. Objective findings: Examination of the lumbar spine revealed limited range of motion. There was tenderness and hypertonicity noted over the paraspinal muscles bilaterally. Straight leg raise was positive bilaterally at 60 degrees with pain radiating down to the posterior thighs. Kemp's test was positive bilaterally. Muscle strength was 5/5 in L4 nerve root and 4/5 in L5 and S1 nerve root on the right side. Muscle strength was 5/5 in L4, L5, and S1 nerve roots on the left. Sensation was 5/5 in L4 nerve root distribution and 4/5 in L5 and S1 nerve root distribution on the right side. Sensation was 5/5 in L4, L5, and S1 nerve distributions on the left. Diagnosis: 1. Lumbar disc bulge at L5-S1 2. Right S1 radiculopathy 3. Varicose vein 4. Stress and anxiety. Treatment to date has included extensive conservative care, modified activity, 18 physical therapy session, and 6 acupuncture sessions from 2012 to 2013. There is a combined total of 26 land and aqua therapy sessions for this claim to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy for lumbar spine 2 times 3: 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 Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient has already undergone considerable aquatic therapy in addition to land-based therapy with little or no functional improvement. Additional aquatic therapy is not medically necessary.