

Case Number:	CM14-0164181		
Date Assigned:	10/08/2014	Date of Injury:	05/24/2014
Decision Date:	11/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology 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 (IW) is 46 year old female with a reported date of injury of 5/24/2104. There is no report or description of a mechanism of injury. The IW reports pain in the upper and lower back and describes the intensity of the pain as a 6 to 8 out of ten without medications and a one of ten with medications. On her physical exam, she is reported to have some restriction in thoracic spine flexion and moderate restriction in all planes in the lumbar spine. Her paraspinal muscles are reported to have multiple myofascial trigger points. She is also reported to have a slight decrease in power while performing dorsiflexion in the left foot. The IW has already had an electromyography performed of the bilateral lower extremities and this is reported to be normal. Her treatment to date has included using oral NSAID's (Naprosyn), but this is reported to have caused her some nausea and vomiting. She was recently switched to Hydrocodone/ APAP at 5/325 mg for pain control. A previous request for aquatic therapy (12 sessions) for treatment of low back pain was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial aquatic therapy, twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: Although aquatic therapy is recommend as a form of therapy for patients that require physical therapy with a reduction in weight bearing, there are no specific guidelines for number of treatments. In this case, the IW continues to complain of upper and lower back pain with no evidence of neuropathy or radiculopathy (no evidence of nerve involvement in the electromyography and nerve conduction of the bilateral lower extremities). Since the description of the low back pain can only be described as a myalgia, the recommend number of physical medicine treatments is nine to ten visits over an eight week period. The request for aquatic therapy occurring twice a week for six weeks for the low back pain is excessive and is not medically necessary.