

Case Number:	CM14-0184617		
Date Assigned:	11/12/2014	Date of Injury:	12/07/2009
Decision Date:	12/15/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/05/2014

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:

This 59 year-old patient sustained an injury on 12/7/09 while walking with a box and tripped. Request(s) under consideration include Aquatic therapy/exercises, twice weekly for three weeks. Diagnoses include chronic back pain/ facet joint dysfunction/ radicular symptoms/ synovial cyst with L5 nerve root irritation; myofascial pain; and depression/anxiety. Conservative care has included medications, physical therapy, acupuncture, aquatic therapy, lumbar epidural steroid injection, and modified activities/rest. MRI of lumbar spine dated 10/23/13 showed right synovial cyst at L4-5 impinges right L5 nerve root. Report of 10/1/14 from the provider noted the patient was treating for facet joint dysfunction at L5 with nerve root irritation; synovial cyst, myofascial pain with radicular symptoms in bilateral legs. Symptoms included chronic ongoing low back complaints radiating to both legs; left hip down posterior leg and calf to big toe and up the leg; right leg with recurrent sciatica radiating from hip to lateral knee with associated weakness. The patient had previous transforaminal nerve blocks in April and August 2012 with 50% benefit noted, able to function and perform ADLs lasting about 6 months. Exam showed lumbar spine showed restricted range with spasm, diffuse tenderness at L1-5; positive SLR bilaterally; absent reflexes at ankles; grossly intact motor strength in bilateral lower extremities. Treatment included continued acupuncture, LESI, aquatic and physical therapy. The request(s) for Aquatic therapy/exercises, twice weekly for three weeks was modified for 5 sessions on 10/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy/exercises, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 59 year-old patient sustained an injury on 12/7/09 while walking with a box and tripped. Request(s) under consideration include Aquatic therapy/exercises, twice weekly for three weeks. Diagnoses include chronic back pain/ facet joint dysfunction/ radicular symptoms/ synovial cyst with L5 nerve root irritation; myofascial pain; and depression/anxiety. Conservative care has included medications, physical therapy, acupuncture, aquatic therapy, lumbar epidural steroid injection, and modified activities/rest. MRI of lumbar spine dated 10/23/13 showed right synovial cyst at L4-5 impinges right L5 nerve root. Report of 10/1/14 from the provider noted the patient was treating for facet joint dysfunction at L5 with nerve root irritation; synovial cyst, myofascial pain with radicular symptoms in bilateral legs. Symptoms included chronic ongoing low back complaints radiating to both legs; left hip down posterior leg and calf to big toe and up the leg; right leg with recurrent sciatica radiating from hip to lateral knee with associated weakness. The patient had previous transforaminal nerve blocks in April and August 2012 with 50% benefit noted, able to function and perform ADLs lasting about 6 months. Exam showed lumbar spine showed restricted range with spasm, diffuse tenderness at L1-5; positive SLR bilaterally; absent reflexes at ankles; grossly intact motor strength in bilateral lower extremities. Treatment included continued acupuncture, LESI, aquatic and physical therapy. The request(s) for Aquatic therapy/exercises, twice weekly for three weeks was modified for 5 sessions on 10/18/14. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2009 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for few visits of physical therapy with fading of treatment to an independent self-directed home program. The patient had recent authorization of 5 PT and 5 aquatic sessions without clear demonstrated functional improvement. Submitted

reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic therapy/exercises, twice weekly for three weeks are not medically necessary and appropriate.