

Case Number:	CM14-0029565		
Date Assigned:	06/16/2014	Date of Injury:	09/24/2012
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; muscle relaxants; adjuvant medications; reportedly normal electrodiagnostic testing of October 11, 2013; and MRI imaging obtained of lumbar spine on November 13, 2012, notable for a small right paracentral disk protrusion at L4-L5 without significant spinal stenosis. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for aquatic therapy, citing non-MTUS ODG Low Back Chapter Guidelines, although the MTUS did address the topic. The applicant's attorney subsequently appealed. A January 2, 2014 progress note is notable for comments that the applicant should remain off of work. The applicant was described as severely obese with a BMI of 40. The applicant was described as having ongoing complaints of low back pain. The applicant had reportedly failed epidural steroid injection therapy. An updated lumbar MRI was also sought. It was stated that there could be some question of symptom magnification present here but this was not necessarily certain. The applicant was apparently ambulating with the aid of a cane, it was stated. In January 22, 2014 progress note, the applicant was again placed off of work, on total temporary disability, and was described as exhibiting limited lumbar range of motion secondary to spasm. The remainder of the file was surveyed. There is no clear evidence that the applicant earlier had aquatic therapy. In a case management note of March 22, 2013, it was stated that the applicant was off of work owing to ongoing low back pain complaints. It was stated that the applicant was ambulating with a cane as of August 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY TWO TIMES A WEEK FOR SIX WEEKS LUMBAR SPINE:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, the applicant is described as severely obese and ambulating with the aid of a cane. The information presently on file in the Independent Medical Review packet suggests that the applicant has not had any previous aquatic therapy over the course of the claim. A trial of the same is indicated, given the applicant's gait derangement, usage of a cane, and severe obesity with BMI of 41. While this does result in treatment beyond the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, partial certifications are not permissible through the Independent Medical Review process. Moreover, furnishing some aquatic therapy is preferable to furnishing no aquatic therapy. Therefore, the request is medically necessary and appropriate.