

Case Number:	CM14-0048049		
Date Assigned:	07/02/2014	Date of Injury:	11/17/2011
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with a date of injury of 11/17/2011. The listed diagnoses per [REDACTED] dated 03/18/2014 are: Sprain/strain of the lumbosacral spine, Chronic pain syndrome, and Chronic neuritis According to this progress report, the patient complains of low back pain with numbness in the feet. The patient reports that the pain is constant with numbness, tingling, and movement limitations. The patient's current medications include Norco and Prilosec. The patient has received 6 sessions of aqua therapy. The physical exam shows the patient uses a cane to ambulate. There is pain with palpation of the lower lumbar spinous process. Flexion, extension, lateral bending, and rotation are limited by 50% with stiffness and moderate spasms. There are palpable spasms in the paraspinal muscles of the lower lumbar spine. She also has weakness in the bilateral lower extremities. The utilization review did not grant the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two times a week for four weeks Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: This patient presents with low back pain radiating to the feet. The provider is requesting aquatic therapy 2 times a week for 4 weeks for the lumbar spine. The MTUS Guidelines recommends aquatic therapy is an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine sections states that an 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. The progress report dated 03/18/2014 documents, the patient got 6 sessions of aqua therapy. The provider also notes that the patient has never tried aqua therapy, and that land-based physical therapy increases the patient's complaints, and reduced weight-bearing exercise is preferred due to obesity. The records do not show any recent aquatic therapy report to verify how many treatments were received and with what results were accomplished. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increase levels of function or improved quality of life for treatments to continue. Given the lack of documented functional improvement while utilizing aquatic therapy, the requested 8 sessions are not medically necessary.