

Case Number:	CM14-0052383		
Date Assigned:	07/07/2014	Date of Injury:	03/20/1987
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The injured worker is a 66-year-old female who reported an injury on 03/20/1987. The mechanism of injury was not provided within the medical records. The clinical note dated 03/18/2014 indicated diagnoses of spinal stenosis of lumbar region, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, and cervical disc degeneration. The injured worker reported low back pain that radiated down the posterior anterior left leg and cervical spine pain that radiated into the left upper extremity arm to the thumb. The injured worker reported severe pain and left leg numbness and weakness. The injured worker reported she was offered surgery including a decompression at L3-5 and TLIF at L4-5 for spinal stenosis and spondylolisthesis, but surgery had been deferred. The injured worker reported she had been treated in the past with epidural injections due to significant flare-ups; however, the injured worker reported she was unable to tolerate those injections. The injured worker reported she had significant amounts of physical therapy and reported her pain varied between 4/10 and 8/10 depending on her activity. The injured worker reported she would feel a frostbite sensation in her left leg and foot with a lot of activity and would feel cramping and burning and aching in her low back. The injured worker reported her pain was worse with standing, walking, and sitting and alleviated with lying down, massage, Soma, Norco, and Neurontin. The injured worker reported she did get pain relief with opiates, muscle relaxant medicines, heat, and ice. On physical examination, the injured worker was 5 feet 3 inches weighing 232 pounds, ambulated with a walker, and had an antalgic gait. On physical examination of the lumbar spine, there was tenderness to palpation of the lumbar spine right greater than left and bilateral lower extremities edema. There was an absent left patellar reflex, decreased sensation to light touch, and vibration below the knee and right lower extremity. The injured worker had mild to moderate reduced sensation over the left anterior thigh with weakness to triceps and grip extension on the left

compared to the right. The injured worker had tenderness to palpation of her cervical spine at the base. The injured worker's treatment plan included aquatic therapy and medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management and physical therapy. The injured worker's medication regimen included tramadol, gabapentin, Norco, and Soma. The provider submitted a request for 12 aqua pool therapy. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Pool therapy 2 - 3 x a week for 3 - 4 weeks for Lumbar as outpatient: Upheld

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 Page(s): 22.

Decision rationale: The request for 12 Aqua Pool therapy 2 - 3 x a week for 3 - 4 weeks for Lumbar as outpatient is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercises such as decreased weight bearing. In addition, there is a lack of objective clinical findings of orthopedic or neurological deficiencies. Moreover, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Additionally, the injured worker has undergone prior physical therapy; however, the number of sessions and efficacy was not provided to support additional sessions. Therefore, the request for aquatic therapy is not medically necessary.