

Case Number:	CM14-0063445		
Date Assigned:	07/11/2014	Date of Injury:	10/26/2010
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Internal Medicine, has a subspecialty in HPM (Hospice and Palliative Medicine) and is licensed to practice in Pennsylvania. 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 63-year-old gentleman with a date of injury of 10/26/2010. An initial assessment by [REDACTED] dated 04/11/2014 identified the mechanism of injury as working on a trailer when he felt a snapping sensation in his lower back, resulting in lower back pain. Office visit notes by [REDACTED] dated 11/06/2013 and 02/05/2014 and an initial assessment by [REDACTED] dated 04/11/2014 described the worker was experiencing severe lower back pain that went into both legs, leg weakness, and weight gain. Documented examinations showed the member had a BMI (Body Mass Index) that was measured as 54 kg/m², a waddling gait, decreased joint motion in the lower back, and mildly decreased strength in the left leg. The submitted and reviewed documentation concluded the worker suffered from a lower back radiculitis and that the severity of symptoms was worsened in part by super obesity. Treatments had included physical therapy, chiropractic care, injected steroids into the lower back, TENS (Transcutaneous Electric Nerve Stimulation), heat therapy, lower back supports, a cane to assist with walking, and medications. A Utilization Review decision by [REDACTED] was rendered on 04/24/2014 recommending non-certification for twelve visits of pool therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Pool therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back- Lumbar and Thoracic Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,98-99.

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis. The submitted and reviewed documentation concluded the worker suffered from a lower back radiculitis and that the severity of symptoms was worsened in part by super obesity. However, there was no discussion of a need for a number of visits beyond those recommended by the MTUS Guidelines. In the absence of such documentation, the current request for twelve sessions of pool therapy for the lumbar spine is not medically necessary.