

Case Number:	CM14-0063780		
Date Assigned:	07/16/2014	Date of Injury:	02/08/2012
Decision Date:	09/11/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 52-year-old, right-hand dominant male who sustained work-related injuries on February 8, 2012 due to a motor vehicle accident. He has a history of hypertension, lumbar spine facet joint syndrome, lumbar radiculitis status post motor vehicle accident, and lumbar spine sprain and strain, as well as lumbar spine rhizotomy performed in March or April 2013. On November 26, 2012, he had a magnetic resonance imaging scan of the lumbar spine which revealed disc bulge at T12 L1 measuring 2-mm; broad-based right paracentral disc protrusion at L4-L5 measuring 1-2 millimeters; and small amount of fluid is seen in the bilateral facets at L5-S1. Physical therapy notes dated September 26, 2013 to October 23, 2013 indicate that he was progressing well with therapy. Medical records dated January 15, 2014, indicates that a repeat rhizotomy of the lumbar spine was requested. Most recent records dated March 27, 2014 indicate that he continued to have chronic low back pain that radiates to his buttocks and noticed no improvement of symptoms. He also reported that increased activity, as well as sitting for long periods of time appears to aggravate his symptoms. Tenderness was noted bilaterally over the lumbar paraspinal musculature with spasms. Active range of motion was limited by pain. He is diagnosed with history of lumbosacral strain emanating from motor vehicle accident on February 8, 2012; development of chronic pain syndrome and reported depression; and lumbar disc bulge with possible symptomatic annular tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3x A Week X4 Weeks, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Review of the provided records indicate that the injured working has been progressing with his prior completed 12 sessions of land-based physical therapy as indicated in his medical records dated October 23, 2013. Moreover, it further documents that the injured worker reports greater improvement and felt that his upper body strength and control has improved. He also no longer has pinching or sharp pains in the pelvic region. He felt that this area has been stabilized although he continued to feel rusty in the lumbar region. He also reported that he can lift and handle more weight comfortably and could do more work with regard to weight and physical demands. Moreover, evidence-based guidelines indicate that both land-based and water-based treatments both produced significant improvements in all outcome measurements. Based on this information, there is no indication that the injured worker cannot tolerate land-based physical therapy sessions or land-based exercises where in fact his prior land-based physical therapy sessions had improved his low back strength, as well as functionality. Therefore, it can be concluded that the requested aquatic therapy sessions 3x a week x 4 weeks to the low back is not medically necessary.