

Case Number:	CM14-0073843		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2000
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 Illinois. 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 53-year-old male who reported an injury on 09/15/2000 due to, while on the job the injured worker had been rolling a large piece on castors under a unit, when he lost control of the piece and grabbed it as it flipped over. The injured worker has diagnoses of status post bilateral revision L4-5 discectomy, status post left sided L4-5 discectomy, status post L5-S1 discectomy, and S1 joint dysfunction status. The injured worker has diagnoses of status post bilateral revision L4-5 discectomy, status post left sided L4-5 discectomy, status post L5-S1 discectomy, and S1 joint dysfunction status post L4-5 laminectomy and discectomy. Past medical treatment includes chiropractic therapy, injections with Toradol, injections of corticosteroids, and physical therapy. There were no medications documented in this submitted report. X-rays that were obtained on 03/11/2014 of the spine, pelvis, feet, and ankles, which all noted mild to moderate diffuse degenerative changes, and an MRI in 2007, which was submitted for review. The injured worker underwent bilateral root revision on L4-5 discectomy on 08/30/2012, left sided L4-5 discectomy on 07/08/2004, L5-S1 discectomy on 12/19/2001, and a L4-5 laminectomy and discectomy. The injured worker complained of persistent low back pain. The injured worker stated that the pain was moderate to severe, constant on a daily basis. He rated his pain at a 7/10 on the right and a 4/10 on the left. The injured worker also noted that he had left foot pain with numbness and tingling which he rated at a 2/10 to 3/10. Physical examination dated 02/05/2014 revealed that the injured worker had an antalgic gait on the right. He used no assistive device. Inspection of the lumbar spine revealed no scoliosis, no swelling present on inspection as well. There was tenderness to palpation in the paraspinal musculature of the thoracic and lumbar region. Muscle spasm was positive in the lumbar region on the right. Range of motion of the lumbar spine revealed flexion at 40 degrees, extension 10 degrees, rotation right 35 degrees, rotation left 35 degrees, tilt right 25 degrees, and tilt left 25 degrees.

There was spasm present on the lumbar range of motion. There was decreased sensation in the L5 dermatome. Motor strength examination revealed that deep tendon reflexes to the right and left knee and ankle were 2/2. The treatment plan is for the injured worker to undergo aquatic treatment therapy 2 times a week for 6 weeks for the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2XWk X 6 Wks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for Aqua Therapy 2XWk X 6 Wks. for the Lumbar Spine is not medically necessary. The injured worker complained of persistent low back pain. The injured worker stated that the pain was moderate to severe, constant on a daily basis. He rated his pain at a 7/10 on the right and a 4/10 on the left. The injured worker also noted that he had left foot pain with numbness and tingling which he rated at a 2/10 to 3/10. The California Medical Treatment Utilization Schedule (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. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. The request for MRI with Contrast for the Lumbar Spine is non-certified. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. There was a lack of documentation in the submitted records as to why the injured worker would benefit from aquatic therapy. There were no functional impairments currently noted on the injured worker's physical examination. There was not a reason as for why the injured worker would not benefit from a land based home exercise program. Furthermore, the submitted request exceeds the recommended MTUS guidelines. As such, the request for aquatic therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.