

Case Number:	CM14-0076280		
Date Assigned:	07/18/2014	Date of Injury:	06/28/2003
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/26/2014

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 & 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 63-year-old male with a reported injury on 06/28/2003. The mechanism of injury was not provided. His diagnoses included lumbar myofascitis and myospasm and radiculopathy. There were notes that the injured worker had received previous physical therapy. No other previous treatments were provided. The injured worker had a physical therapy note on 05/09/2014 where the injured worker had complained of pain at a level of 7/10 to 8/10. He reported pain in the lumbar spine that radiated down towards his lower extremities, especially to the left side. He did note that his pain increased with activities, such as lifting, bending, and stooping. The physical examination revealed tenderness to the piriformis regions. The range of motion was restricted and caused painful symptoms. There were muscle spasms present and straight leg raising test was positive on the left in a sitting position, as well as supine position. The straight leg raising test was negative on the right side. His lumbar range of motion extension was at 10 degrees, flexion was at 45 degrees, and the lateral bend to the right was 12 degrees and the left was 12 degrees, as well. The injured worker also had an examination on 07/10/2014. The examination was illegible for the most part and there was no objective examination findings for review. The recommended plan of treatment at that time was to refill his Vicodin. The medication list was not provided. The recommended plan of treatment for the physical therapy note on 05/09/2014 was to start phase 2 of his exercise in the water. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Aquatic Therapy Sessions for the Lumbar Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: The request for aquatic therapy sessions for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend that aquatic therapy can minimize the effects of gravity, so it is recommended where reduced weight-bearing is desirable. The guidelines also recommend up to 10 visits of therapy. The injured worker has already had visits of aquatic therapy, although the number of sessions is not provided. The evaluation did state that there was reported pain relief after the treatment, although there were no functional deficits or improvement provided for review. Furthermore, the request is requesting 16 visits and the recommendations are only up to 10; the 16 visits are over the recommended amount by the guidelines. The clinical information failed to meet the evidence-based guidelines for the request. Therefore, the request for 16 aquatic therapy sessions for the lumbar spine is not medically necessary.