

Case Number:	CM14-0088895		
Date Assigned:	07/23/2014	Date of Injury:	10/02/2013
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family Medicine 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:

This 51-year old glazier reported a low back injury on 10/2/13 after tripping on some tools and falling. He returned to modified duty after 7 days and continued it through 10/30/13, but has not worked at all since then. Treatment has included medication and land-based physical therapy. Epidural steroid injections were requested and denied in UR. A 10/18/13 MRI of the lumbar spine showed facet hypertrophy with neuroforaminal stenosis, L3-L5 disc-osteophyte complexes and a 3 mm L5-S1 disc bulge. EMG performed 4/4/14 was interpreted as showing lower paraspinal denervation potentially consistent with a left lumbar radiculopathy, without possibility of nerve root identification due to no distal denervation. The patient was first seen by the current primary physician, a neurosurgeon, on 1/27/14. He complained of constant severe back pain, with pain and tingling in his L leg. Exam was notable for back muscle spasm and severely limited back range of motion. Neurological exam was non focal. The physician recommended 12 PT sessions and prescribed Dilaudid and Halcion. He advised the patient that surgery had about a 50/50 chance of alleviating his pain. He told the patient that he would be unlikely to be able to return to his usual work, and gave him a status of temporarily totally disabled. Notes from a 3/10/14 return visit document that the patient had had 10 PT visits without improvement. He continued to have severe back pain with a new complaint of upward radiation and migraine headaches. Physical exam was essentially unchanged. The primary physician recommended 3 months of TENS use, an L lumbar epidural steroid injection, and changing his medications to Soma and Norco 10. A 4/21/14 progress note documents unchanged complaints and findings. The provider requested that a denial the epidural steroid injection be reconsidered, and also requested water therapy 2x/week for 6 weeks "since physical therapy has been of no benefit to him". This request was modified in UR to 6 visits after the reviewer discussed it with the provider. The reviewer stated that he discussed the situation with the primary physician and

agreed to authorize 6 visits only, with the goal of avoiding surgery by strengthening the patient while minimizing the possibility of further disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lower back, two times a week for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Aquatic Therapy Page(s): 9; 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for clinicians, (www.uptodate.com), Exercise-based therapy for low back pain.

Decision rationale: Per the first guideline cited above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Per the second citation, aquatic therapy is recommended as an alternative to land-based therapy, specifically when reduced weight bearing is desirable, for example in extreme obesity. The Up to Date article states that controlled trials have found aquatic therapy beneficial for low back pain, but no more beneficial than other interventions. There is no documentation of any functional assessment or goal in the available records. The primary physician appears to have decided that this patient will be totally disabled for life. His rationale for ordering aquatic therapy is that if successful, it may prevent a surgery that has only a 50% chance of alleviating the patient's pain. This patient has already failed an extensive course of land-based therapy, and there is no evidence that aquatic therapy is likely to be more beneficial. Based on the evidence-based references cited above and the clinical findings in this case, 12 sessions of aquatic therapy are medically unwarranted. 12 sessions of aquatic therapy are not medically necessary.