

Case Number:	CM13-0066745		
Date Assigned:	12/15/2014	Date of Injury:	01/31/2003
Decision Date:	01/30/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Hospice 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 40-year-old woman with a date of injury of 01/31/2003. A treating physician note dated 10/22/2013 identified the mechanism of injury as lifting and moving heavy items, resulting in lower back pain. This note and a treating physician note dated 10/02/2013 indicated the worker was experiencing lower back pain that went into both legs with spasms, total body pain, problems sleeping, and depressed mood. Documented examinations described a tearful manner, tenderness in the lower back, and leg weakness on both sides. The submitted and reviewed documentation concluded the worker was suffering from lumbar post-laminectomy syndrome, lower back pain, fibromyalgia, myositis, muscle spasms, and a mood disorder. Treatment recommendations included oral pain medications, aqua therapy, blood tests looking at liver and kidney function, pain management psychologist evaluation, EMG and NCV testing, oral drug screen testing, and follow up care. A Utilization Review decision was rendered on 12/05/2014 recommending non-certification for two to three sessions per week of aqua therapy for the lumbar spine for six weeks (12 to 18 sessions total).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy to the lumbar spine for twelve to eighteen sessions, two to three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, 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 and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed records concluded the worker was suffering from lumbar post-laminectomy syndrome, lower back pain, fibromyalgia, myositis, muscle spasms, and a mood disorder. The requested number of sessions is more than the guidelines recommend as being necessary and does not allow for fading to a self-directed treatment program. There was no discussion sufficiently supporting a need for additional treatment beyond what is suggested by the guidelines. In the absence of such evidence, the current request for two to three sessions per week of aqua therapy for the lumbar spine for six weeks (12 to 18 sessions total) is not medically necessary.