

Case Number:	CM14-0157420		
Date Assigned:	09/30/2014	Date of Injury:	11/30/2007
Decision Date:	09/23/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 11/30/2007. The worker reported a slip and fall on a wet floor. The injured worker was diagnosed as having Failed back surgery syndrome, Lumbar facet joint pain, Lumbar neuralgia, Bilateral knee arthropathies. Treatment to date has included a lumbar laminectomy at L3-S1 in April 2011 and a left knee meniscetomy. A caudal lumbar epidural injection and left L5 transforaminal Selective nerve root Epidural injection (02-13-2012 provided no relief). He has moderate to severe left greater than right knee pain. Currently, the injured worker complains of moderate to severe pain in the lumbar spine with tingling in the right lower extremity from the knee to the foot and numbness of the left forefoot. There is paravertebral tenderness bilaterally from L3 through S1. In the lower extremities he has tenderness in bilateral and lateral collateral ligaments. He has tingling corresponding to right L4, L5, and S1 dermatomes from the knee to the foot and numbness corresponding to the left L4, L5 and S1 dermatomes of the forefoot ascending up the legs. Pathological reflexes are absent. Medications include Hydrocodone, Naproxen, Lyrica, Senokot, and Terocin. The worker has temporary relief and increased functionality when he undergoes consistent acupuncture treatment. In the absence of this he takes medications. When he can perform water therapy his functionality improves and he uses less medications. The treatment plan is for medications, acupuncture, and aquatic therapy. A request for authorization was submitted for Aquatic therapy 1 x 12 (lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 1 x 12 (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has a diagnosis that may benefit from aquatic versus land based therapy, however the amount requested exceeds guideline recommendations. The request cannot be certified, therefore is not medically necessary.