

Case Number:	CM14-0186473		
Date Assigned:	11/14/2014	Date of Injury:	10/17/2013
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and 32 sessions of prior physical therapy, including unspecified amounts of aquatic therapy. In a utilization review report dated October 17, 2014, the claims administrator denied a request for 12 to 18 sessions of aquatic therapy. It was stated that the applicant had had at least 6 sessions of aquatic therapy in "one section of the note" while other sections of the note stated that the applicant had had somewhere between "18 to 21 prior sessions of aquatic therapy." The claims administrator employed non-MTUS ODG Guidelines in its denial exclusively, it was incidentally noted. The claims administrator stated that it was uncertain as to whether this request represented a retrospective request or a prospective request. It was stated that there was no evidence of improvement with "earlier physical therapy treatment." The claims administrator did not, it is further noted, incorporate cited non-MTUS ODG Guidelines into its rationale. The applicant's attorney subsequently appealed. In an April 17, 2014 physical therapy note, the applicant presented with persistent complaints of low back pain, 8/10. It was stated that the applicant exhibited an antalgic gait. Physical therapy at a rate of thrice weekly was endorsed. The applicant's work status was not clearly stated. In a May 21, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7/10 to 8/10, radiating to the left lower extremity. The applicant was using Naprosyn, Flexeril, and tramadol for pain. The applicant's work status was not furnished. In a May 19, 2014 medical-legal evaluation, the applicant reported persistent complaints of low back pain with derivative complaints of anxiety, depression, and sadness. Radiation of pain to the left leg was noted. The applicant was currently not working and was

receiving workers' compensation indemnity benefits, it was acknowledged. The applicant was using Naprosyn, Prilosec, Tramadol, and Soma, it was suggested. On June 24, 2014, the applicant was placed off of work, on total temporary disability; additional acupuncture and physical therapy were sought. On May 20, 2014, 12 to 18 sessions of physical therapy were endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aqua Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic, Functional Restoration Approach to Chronic Pain Management Section Page.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, it is far from certain that reduced weightbearing is, in fact, desirable here. While the applicant does have ongoing complaints of low back pain radiating to the leg, it was never clearly established or stated why the applicant should not make an attempt to "try and increase activities by performing weight bearing exercises." It is further noted that the applicant has had unspecified amounts of physical and aquatic therapy over the course of the claim, including somewhere between 6 and 21 sessions of aquatic therapy, the claims administrator suggested in its utilization review report. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. Here, however, the applicant remains off of work, on total temporary disability and remains dependent on various analgesic medications, including Naprosyn, Soma, Tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite prior aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.