

Case Number:	CM14-0187731		
Date Assigned:	11/18/2014	Date of Injury:	12/03/2013
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 injured worker (IW) is a 52-year-old man with a date of injury of December 3, 2013. The mechanism of injury occurred as a result of using a pull stick to retrieve bread from the back of the truck. The IW has been receiving chiropractic treatments for the lumbar spine, which is helping. Pursuant to the Primary Treating Physician's Re-Evaluation Reports and Request For Authorization dated July 31, 2014; the IW presented for follow-up evaluation in regard to his cervical spine, right shoulder, thoracic spine, and lumbosacral spine complaints. He has been taking Ibuprofen, which seems to help and has not had any untoward effect. Examination of the lumbar spine revealed tenderness in the paracervical area, as well as tenderness and spasms over the bilateral sacroiliac joints. The IW had positive straight leg raise test and Kemp's test bilaterally. Range of motion of the lumbar spine is flexion 35/60 degrees, extension 10/25 degrees, right lateral flexion 10/25 degrees, and left lateral flexion 10/25 degrees. The IW has been diagnosed with cervical spine strain/sprain with left upper extremity radiculopathy, suspect cervical herniated nucleus pulposus; lumbar anterolisthesis at L4 and L5 with mild to moderate stenosis of the foramina; a 3 mm left posterolateral disc osteophyte complex versus protrusion, which mildly narrows the canal that also abuts the traversing left L5 nerve root, and arthritis in the lower lumbar facet joint; right shoulder sprain/strain with impingement syndrome and moderate tendonosis with superimpose interstitial tearing of the anterior fibers of the distal infraspinatus tendon and under surface fibers of the distal subscapularis tendon; suspect left lumbar radiculopathy; gout and hypertension. The provider is requesting authorization for the IW to continue chiropractic therapy with physiotherapy modalities at a frequency of 2 times a week for 4 weeks and aquatic (pool) therapy at a frequency of 2 times per week for 4 weeks of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of aquatic (pool) therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Aquatic Therapy, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions aquatic pool therapy to the lumbar spine. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity there may be advantages to wait was running in back pain recovery. Patients should be assessed formally after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with the physical therapy). The guidelines allowed nine visits over eight weeks for lumbago, backache unspecified ; lumbar sprain and strain-10 visits over eight weeks; allow for fading treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. In this case, the injured worker is being treated at the cervical spine, right shoulder, thoracic spine and lumbosacral spine. The injured worker attends chiropractic treatments which help. In a progress note dated July 31, 2014, the patient has tenderness in the paracervical area as well as tenderness and spasm over the bilateral sacroiliac joints. Range of motion is 35/60 of flexion, 10/25 of extension 10/25 right lateral flexion and 10/25 left lateral flexion. Relevant working diagnoses are cervical sprain/strain left upper extremity radiculopathy; lumbar anterolisthesis at L4 on L5 with mild to moderate stenosis of the foramina; a 3 mm left posterior lateral disc osteophyte complex versus protrusion; right shoulder sprain/strain with impingement syndrome; suspect left lumbar radiculopathy. There is no documentation in the medical record with the clinical rationale as to why aquatic therapy is more appropriate to land-based physical therapy. The guidelines allow for a six visit clinical trial to see if the patient moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician requested eight sessions of aquatic pool therapy (PT). Additionally, the injured worker did not present with any quantifiable objective functional deficits indicative of a need for physical therapy. Consequently, 8 sessions aquatic pool therapy to the lumbar spine is not medically necessary.