

Case Number:	CM14-0188892		
Date Assigned:	11/19/2014	Date of Injury:	07/17/2000
Decision Date:	07/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 07/17/2000. He has reported subsequent back pain and was diagnosed with lumbar disc degeneration, lumbosacral spondylosis, lumbar spinal stenosis and myofascial pain syndrome. Treatment to date has included medication, caudal epidural injection, application of heat and cold, physical therapy and water therapy. In a progress note dated 10/09/2014, the injured worker complained of low back pain radiating to the bilateral lower extremities associated with numbness and tingling sensation of the feet and toes. Objective findings were notable for decreased range of motion of the lumbar spine, pain in the lumbar paraspinal region with flexion, tenderness to palpation of the left L4-L5 lumbar facet joint, decreased sensation to light touch of the right lower extremity throughout the leg and decreased sensation to light touch of the left lower extremity along the posterior aspect of the lower leg. The physician noted that the injured worker could benefit from an independent aqua therapy program to strengthen their core musculature and decrease inflammation. A request for authorization of 12 additional physical therapy sessions and 40 remaining independent pool therapy sessions was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2000 and continues to be treated for radiating low back pain. When seen, there had been improvement after a trigger point injection. He was swimming at a local pool and performing a gym-based exercise program. He was receiving physical therapy treatments and pool therapy two times per week. Physical examination findings included right piriformis trigger points. In this case, the claimant is already independently performing a gym-based exercise program and has access to a pool. A gym membership with year-round pool access if necessary would be appropriate. Ongoing skilled therapy is not medically necessary.

Forty (40) remaining Independent Pool Therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2000 and continues to be treated for radiating low back pain. When seen, there had been improvement after a trigger point injection. He was swimming at a local pool and performing a gym-based exercise program. He was receiving physical therapy treatments and pool therapy two times per week. Physical examination findings included right piriformis trigger points. In this case, the claimant is already independently performing a gym-based exercise program and has access to a pool. A gym membership with year-round pool access if necessary would be appropriate. Ongoing skilled therapy is not medically necessary.