MAXIMUS Federal Services

Case Number:	CM14-0194806		
Date Assigned:	12/02/2014	Date of Injury:	08/30/2013
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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:

This 44 year old female reportedly sustained a work related injury on 08/30/2013 after lifting a box. Diagnosis is lumbago. No past medical treatment was documented for review. There were no medications documented in the report. Diagnostics include Magnetic resonance imaging (MRI) obtained on 06/23/2014, which revealed levoscoliosis and possible splenomegaly and electromyography (EMG) obtained on 08/26/2014 which revealed chronic L5 nerve root irritation. Progress report dated 09/02/2014 noted that the injured worker had constant low back pain described as sharp, radiating, to legs, 8/10 and unchanged. Physical exam documented tenderness on palpation with spasms and seated root nerve test is positive. There was numbness and tingling of lower extremities. Progress report dated 10/09/2014 noted pain 8/10 with symptoms unchanged. Physical examination findings showed that there was tenderness to palpation over the paravertebral muscles with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. On sensation exam, there was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There was full strength in the EHL and ankle flexors, L5 and S1 innervated muscles. Treatment rendered during visit was Vitamin B-12 injection. The treatment plan is for the injured worker to receive aquatic therapy for the lumbar spine. The rationale and request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section, page 22, and the Physical Medicine Guidel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for Aquatic physical therapy for the lumbar spine, twice weekly for six weeks is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The submitted documentation failed to indicate any physical medical treatments the injured worker has had to date. There was no documentation of the injured worker having trialed and failed conservative treatment to include physical therapy or medication therapy. Furthermore, it is unclear as to how the provider feels aquatic therapy would be beneficial to the injured worker as to a land based physical therapy regimen or a home exercise program. Additionally, there was no indication in the submitted documentation of the injured worker having a diagnosis of extreme obesity to be congruent with the recommended guidelines. There was also no rationale submitted for review to warrant the aquatic therapy. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.