

Case Number:	CM14-0198258		
Date Assigned:	12/08/2014	Date of Injury:	07/23/2010
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in New Jersey. 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 is a 51 year old male who sustained a work-related injury on July 23, 2010. He was diagnosed with lumbar degenerative disc disease, lumbar facet syndrome, and myofascial pain. He was treated with medications, multiple sessions of physical therapy over the years (as much as 48 completed sessions, reportedly), and chiropractor treatments. A review of the medical record submitted for IMR revealed that on April 29, 2014, the injured worker underwent a right radiofrequency medial branch neurotomy treating the L4-5 and L5-S1 facet joints. Physician's evaluations on January 28, 2014 and on March 4, 2014 revealed that the injured worker complained of low back pain and right leg pain and reported that the pain radiated to the buttocks and right thigh. On March 4, 2014, the injured worker had tenderness to palpation over his lumbar spine and a painful extension rotation lateral to bending to the right. He reported that he had approximately one year of pain relief following the radiofrequency ablation. A physician's evaluation dated June 16, 2014 (most recent progress note available for review prior to request date) revealed that the injured worker had a complaint of low back pain which had improved following the radiofrequency ablation. He had no leg symptoms noted during that evaluation and the injured worker reported that the pain flared up with activity such as bending and lifting. He reported that for the most part the pain was controlled. Upon examination, the injured worker had no tenderness upon lumbar palpation and lumbar range of motion. Weight was 193 lbs. Later, a request for aquatic therapy without explanation was submitted for the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times 4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there seems to be insufficient evidence to suggest he warrants aquatic therapy. It appears that he has already exhausted his supervised therapy allowance and should at this point be managing his therapy at home with a consistent routine of back exercises. Also, there was no explanation as to why aquatic therapy over land-based therapy and no obvious evidence for this being required in this worker that is found in the documents provided for review. Therefore, the aquatic therapy is not medically necessary.