

Case Number:	CM14-0198895		
Date Assigned:	12/09/2014	Date of Injury:	09/22/2011
Decision Date:	02/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 30 year old female with an injury date of 09/22/11. Based on the 10/14/14 progress report provided by treating physician, the patient complains of moderate lower back pain rated 7/10 without medications. Patient reports pain of a dull, aching quality and weakness radiating to the left lower extremity exacerbated by prolonged walking, sitting, and standing. Patient is status post lumbar epidural steroid injection 08/28/12, records do not indicate that the patient has undergone physical therapy. Physical examination 10/14/14 revealed tenderness to palpation to bilateral lumbar paraspinal muscles and spasms. Positive lumbar facet loading maneuver bilaterally, positive straight leg test on the left lower extremity in the seated position, decreased motor strength to the left foot on dorsiflexion and great toe extension, and decreased sensation reported to the left L5 and S1 dermatomes. No diagnostic imaging was provided. Patient is currently prescribed Ultram for pain. Patient is temporarily totally disabled. Diagnosis 10/14/14, 08/27/14, 07/22/14- Lumbosacral spondylosis without myelopathy- Displacement of lumbar intervertebral disc without myelopathy- Lumbago- Sciatica. The utilization review determination being challenged is dated 10/22/14. The rationale follows is "there is no indication the patient requires reduced weight-bearing... the injury is 3 years old and there is no record of previous physical therapy history..." Treatment reports were provided from 01/22/13 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times a week for five weeks for the lumbar spine QTY: 10.00:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with moderate lower back pain of a dull, aching quality rated 7/10 and weakness radiating to the left lower extremity. Patient is status post lumbar epidural steroid injection 08/28/12, records do not indicate that the patient has undergone physical therapy in the recent past. The request is for aquatic therapy two times a week for five weeks for the lumbar spine QTY: 10.00. Physical examination reveals tenderness to palpation to bilateral lumbar paraspinal muscles and spasms. Positive lumbar facet loading maneuver bilaterally, positive straight leg test on the left lower extremity in the seated position, decreased motor strength to the left foot on dorsiflexion, great toe extension and decreased sensation reported to the left L5 and S1 dermatomes. The patient is currently prescribed Ultram for pain. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines states regarding Aquatic therapy, "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines states regarding Physical Medicine, "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Per notes dated 10/14/14 and 10/15/14 it is indicated that patient is 5 feet tall and weighs 203lbs; a calculated BMI of 39.6, bordering on morbid obesity. Aquatic therapy is indicated, per MTUS guidelines, for patients whose weight makes land-based physical therapy too uncomfortable. In this case, the provider does not explicitly discuss why he is requesting aquatic therapy but the reports do not show evidence of recent therapy treatments. Given the patient's persistent symptoms, obesity, the requested aquatic therapy is reasonable. Therefore, this request is medically necessary.