

Case Number:	CM14-0199606		
Date Assigned:	12/10/2014	Date of Injury:	02/02/2008
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 is a 52 year-old female, who was injured on February 2, 2008, while performing regular work duties. The mechanism of injury is unknown. The injured worker complains of frequent severe pain of the lumbar spine with radiation to both legs. On July 11, 2014, the injured worker has "no new complaints", and the injured worker is advised to lose weight. On August 21, 2014, the lumbar spine range of motion is reported as flexion 40 degrees, extension 15 degrees. On September 18, 2014, the lumbar spine range of motion is noted to be: flexion 35 degrees, extension 15 degrees, left rotation 10 degrees, and right rotation 10 degrees. An examination on October 16, 2014, indicates tenderness of the lumbar paravertebrals with radiculopathy. In addition to complains of pain, the injured worker reports stress and anxiety. A urine drug screening dated June 26, 2014, is provided for this review. The records indicate the treatment of the injured worker has included bracing, and medications, however do not indicate other conservative treatments. The records do not indicate the injured worker has failed conservative treatments, or that land-based therapy is not tolerated. The request for authorization is for aqua therapy two (2) times weekly for six (6) weeks for lumbar spine range of motion. The primary diagnosis is displacement of lumbar intervertebral disc without myelopathy. Additional diagnoses are obesity, diabetes, hypertension, lumbar spine disc protrusion, and lumbar spine radiculopathy. On November 5, 2014, Utilization Review non-certified the request for aqua therapy two (2) times weekly for six (6) weeks for lumbar spine range of motion, based on MTUS, Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, decision for range of motion is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient in chronic pain and includes a review of medical records. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior diagnostic study should be ordered in this context and not simply for screening purposes. Effective treatment of chronic pain requires familiarity with patient specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables. In this case, the injured worker's working diagnoses are lumbosacral spine strain/sprain and muscle spasm. The documentation in the medical record does not contain any discussion, clinical indication of clinical rationale for range of motion testing. The documentation is also unclear as to what "range of motion testing" is. Consequently, absent the appropriate clinical indication, clinical rationale and documentation to support "range of motion testing", range of motion testing is not medically necessary.

Aqua therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

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

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); Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times a week for six weeks to the lumbar spine is not medically necessary. 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. See the official disability guidelines for additional details. In this case, a progress note dated October 10, 2014 states the injured worker was 154 pounds. The treating physician states this is an obese female. There is no height in the medical record and no additional documentation to support morbid obesity. Additionally, the documentation does not support or provide a clinical rationale for aquatic therapy over land-based therapy. There is no documentation in the medical record supporting objective functional improvement with prior physical therapy to date. Consequently, aquatic therapy two times a week for six weeks of the lumbar spine is not medically necessary.

