

Case Number:	CM14-0200363		
Date Assigned:	12/10/2014	Date of Injury:	03/26/2012
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator approved a request for Pamelor (Nortriptyline) while denying 12 sessions of aquatic therapy. The claims administrator referenced earlier Utilization Review Reports of October 9, 2014 and October 31, 2014 as well as earlier progress notes of September 2, 2014, October 3, 2014, and November 6, 2014 in its denial. The applicant's attorney subsequently appealed. In a progress note dated September 11, 2014, the applicant reported persistent complaints of low back pain, 7-8/10. The applicant was not working. Prolonged sitting and lying down made her pain complaints worse. The applicant posited that she would not be able to return to work in retail and/or perform repetitive activities. The applicant apparently exhibited palpable tender points. The attending provider gave the applicant diagnoses of clinically consistent lumbar radiculopathy, lumbar degenerative disk disease, lumbar anterolisthesis, sacroiliitis, and lumbar facet pain. Omeprazole, Norco, Tizanidine, Zorvolex, trigger point injection therapy, and x-rays of the pelvis were endorsed. Work restrictions were also recommended, which were seemingly not accommodated by the applicant's employer. The applicant was described as pleasant in one section of the report and somewhat depressed and anxious in another section of the report. Tenderness was appreciated about the lumbar paraspinal musculature. The applicant's gait was not clearly described, however. On October 30, 2014, the applicant again reported persistent complaints of low back pain radiating to the bilateral lower extremities, especially the bilateral thighs, 6/10. Tizanidine, Voltaren gel, Salonpas patches, Zorvolex, and Norco were renewed and/or continued. The applicant was described as having tenderness and spasm about the lumbar paraspinal musculature. The applicant's gait was not clearly described on this occasion,

however. On November 6, 2014, the applicant was placed off of work, on total temporary disability, through December 31, 2014. Ongoing complaints of low back pain radiating to the leg was appreciated. Ten to twelve sessions of aquatic therapy, Pamelor, and Tizanidine were endorsed, along with trigger point injection therapy. The applicant's gait, once again, was not clearly described or clearly characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Sessions Quantity: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in who reduced weight bearing is desirable, in this case, however, there was no mention of reduced weight bearing's being desirable here. The attending provider did not clearly describe the applicant's gait on multiple office visits, referenced above; including the most recent office visit dated November 6, 2014, on which the aquatic therapy at issue was sought. It was not clearly stated how, why, and/or if aquatic therapy is preferable to land-based therapy and/or performance of land-based home exercises. The 12-session course of aquatic therapy at issue, furthermore, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that the attending provider failed to outline the applicant's response to earlier aquatic therapy treatment (if any). The attending provider failed to outline any clear goals for further physical and/or aquatic therapy treatment, going forward. Therefore, the request for Aquatic Therapy Sessions is not medically necessary.