

Case Number:	CM14-0209510		
Date Assigned:	12/22/2014	Date of Injury:	12/26/2012
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 12/26/2012. The date of initial utilization review under appeal is 12/02/2014. On 11/17/2014, the patient was seen in initial orthopedic spine evaluation. That physician reviewed this patient's initial injury when trying to move her bowel and noted the patient had fairly extensive conservative rehabilitation treatment initially as well as a prednisone taper. A lumbar MRI of 02/21/2014 was noted to be essentially normal except for possibly very slight congenital stenosis with very mild lateral recess stenosis at L4-L5. On physical examination, the patient was entirely intact neurologically. The consulting physician recommended right L4-L5 epidural injection. Additionally the treating physician strongly encouraged an aquatic therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. At this time, the patient does not have symptoms or physical exam findings or diagnostic studies to clearly support a radiculopathy at the requested level. The requested epidural injection is not supported by the treatment guidelines. This request is not medically necessary.

Swim Aqua Therapy 2 x 4: Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on aquatic therapy states that "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The records indicate that this patient did not significantly improve with extensive initial treatment, including land-based therapy. The treatment guidelines do allow for consideration of aquatic therapy as an alternative to land-based physical therapy. Given that patient's ongoing symptoms despite extensive past treatment and given the recommendation by recent consulting physician that aquatic therapy is an option, this request would be supported by the treatment guidelines. The request for aquatic therapy is medically necessary.