

Case Number:	CM14-0209925		
Date Assigned:	12/22/2014	Date of Injury:	05/25/2001
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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:

This is a 36-year-old male with a 5/25/01 date of injury. The injury occurred while he was lifting boxes. According to a progress report dated 12/4/14, the patient reported that his lower back pain has remained unchanged since his last visit. He rated his pain as a 6/10 and frequently increased to a 9/10. He has not tried any new forms of therapy and stated that medications were helping. Since his last visit, his activities of daily living and mobility have worsened. Objective findings: limited to vital signs. Diagnostic impression: musculotendinligamentous sprain/strain, lumbar spine disc bulging, lumbar radiculopathy, opioid type dependence, lumbar facet arthropathy, sacroiliac dysfunction, status post lumbar spine surgery. Treatment to date: medication management, activity modification, TENS unit, aqua therapy, acupuncture, ESI, heat/ice applications, home exercise program, physical therapy, surgery. A UR decision dated 12/1/14 denied the requests for aqua therapy and physical therapy. Clarification is needed regarding his last course of physical therapy and aquatic therapy, the number of sessions completed, and his objective functional response to prior visits. The patient's last physical examination was conducted 5 months ago (6/16/14). Furthermore, the number of physical therapy and aquatic therapy sessions being requested exceeds the 10 treatments generally recommended for management of the patient's low back condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aqua Therapy for the Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, there is no documentation that the patient is obese or requires reduced weight-bearing activities. There is no documentation of specific musculoskeletal impairments that would prevent performance of a land-based program. A specific rationale identifying why the patient requires aquatic therapy as opposed to land-based physical therapy was not provided. Therefore, the request for 12 Sessions of Aqua Therapy for the Lower Back was not medically necessary.

12 Sessions of Physical Therapy for the Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has a 2001 date of injury and is noted to have had prior physical therapy. There is no documentation of functional therapy from his previous treatment. In addition, the total number of treatments completed was not documented. Guidelines support up to 10 visits over 8 weeks for lumbar sprains/strains. An additional 12 visits would exceed guideline recommendations. Furthermore, there is no documentation as to why this patient would require supervised rehabilitation as opposed to performance of a regular self-directed home exercise program. Therefore, the request for 12 Sessions of Physical Therapy for the Lower Back was not medically necessary.