MAXIMUS Federal Services

Case Number:	CM14-0098951		
Date Assigned:	01/06/2015	Date of Injury:	11/21/2012
Decision Date:	02/25/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/27/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 November 21, 2012. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for 18 sessions of aquatic therapy. The claims administrator suggested that the applicant was off of work, on total temporary disability, and referenced various physical therapy progress notes and office visits, including an April 14, 2014 office visit. In a May 23, 2014 Medical-legal Evaluation, the medical-legal evaluator acknowledged that the applicant was not working. The applicant was reportedly grossly overweight and had uncontrolled diabetes and hypertension. The attending provider stated that the applicant had "already received a lot of treatment" for his low back pain complaints. The applicant had apparently alleged low back pain complaints secondary to cumulative trauma at work. The applicant was formerly employed as a housekeeper, it was acknowledged. The applicant did stand 5 feet 9 inches tall and weighed 290 pounds. The applicant's gait was not clearly described or fully characterized. On July 10, 2013, the applicant was again placed off of work, on total temporary disability. Multiple trigger point injections were performed. The applicant was given prescriptions for Norco. Epidural steroid injection therapy was endorsed. The applicant's gait was not clearly described, although the applicant was described as guarding with range of motion testing. On April 14, 2014, the applicant was again described as having ongoing issues with lumbar radiculopathy. The applicant could not receive epidural steroid injection therapy owing to his reportedly poorly controlled diabetes. The applicant's gait was not clearly described. The applicant did weigh 289 pounds. Eighteen

additional sessions of aquatic therapy were endorsed, implying that the applicant had had prior aquatic therapy, while the applicant was kept off of work, on total temporary disability. The applicant's medication was not clearly detailed.On October 9, 2013, the applicant was given a refill of Vicodin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 3 x week for 6 weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Aquatic Therapy Page(s): 8, 22.

Decision rationale: While page 99 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 whom reduced weight bearing is desirable, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. However, the applicant was/is off of work, on total temporary disability, as of the date additional aquatic therapy was sought, on April 14, 2014. On that date, the applicant reportedly exhibited severe guarding on lumbar range of motion testing. The attending provider suggested that the applicant would likely need lumbar spine surgery. The applicant seemingly remains dependent on opioid agents such as Vicodin for pain relief. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.