

Case Number:	CM15-0101039		
Date Assigned:	06/03/2015	Date of Injury:	07/02/2012
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 injured worker is a 43-year-old male, who sustained an industrial injury on 07/02/2012. He has reported subsequent back and left leg pain and was diagnosed with L4-L5 and L5-S1 disc herniations, cervical degenerative disc disease with C4-C5 disc bulge and thoracic sprain/strain with disc bulges. Treatment to date has included oral pain medication, chiropractic therapy and surgery. In a progress note dated 04/15/2015, the injured worker complained of back and left leg pain. Objective findings were notable for weak left leg plantar flexors and dorsiflexors, decreased sensation at the level of L5 and S1 distribution of the left leg and positive straight leg raise on the left leg. A request for authorization of 12 sessions of pool therapy (2-3/week) of the lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 12 sessions (2-3/week) Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. This request exceeds the recommendations of the MTUS Guidelines. Additionally, there is no documentation citing why the injured worker would not benefit from a land-based exercise program. The request for pool therapy 12 sessions (2-3/week) lumbar is determined to not be medically necessary.