

Case Number:	CM15-0132037		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2014
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male sustained an industrial injury to the neck and low back on 7/3/14. During initial evaluation in urgent care, the injured worker had a grand mal seizure and was initiated on anti-seizure medications. Magnetic resonance imaging showed a fracture at T12-L1. The injured worker later developed foot drop. Additional treatment consisted of physical therapy, bracing and medications. Documentation did not disclose the amount of previous therapy. In a PR-2 dated 5/15/15, the injured worker complained of ongoing low back pain, rated 5/10 on the visual analog scale associated with left lower extremity weakness. The injured worker had completed physical therapy, but his therapist wanted to pursue more treatment for him. The physician noted that the injured worker was now ambulating with the use of a cane and that the injured worker was told by the neurologist that he should expect to have a limp moving forward. Physical exam was remarkable for mild tenderness to palpation over the paraspinal process at the thoracolumbar junction with good strength bilateral lower extremities, difficulty with left hip flexion and left knee extension and left foot drop. The injured worker's muscle strength gave way after a short period of time. The injured worker walked with an antalgic gait, dragging his left leg with ambulation. The physician noted that the injured worker was having significant feelings of depression. Current diagnoses included T12 and L1 compression fractures and left lower extremity weakness. The treatment plan included requesting six sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in July 2014 with neck and low back pain. He has a history of a seizure and has left lower extremity weakness and T12 and L1 compression fractures. His BMI is over 36. When seen, there had been improvement after aquatic therapy treatments. He was using a walker and delivery of an AFO was pending. There was decreased thoracic and lumbar range of motion with mild tenderness. There was left lower extremity weakness and an antalgic gait. Additional sessions of aquatic therapy were requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and has a history of thoracolumbar compression fractures and left lower extremity weakness. Aquatic therapy was appropriate for him and has been of benefit. However, transition to an independent pool program would be expected and should not require the number of requested treatments. The request is not medically necessary.