

Case Number:	CM15-0133580		
Date Assigned:	07/21/2015	Date of Injury:	02/14/2014
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 2/14/14. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar spinal stenosis. Treatment to date has included physical therapy; aquatic therapy; medications. Currently, the PR-2 notes dated 3/19/15 indicated the injured worker complains of intermittent moderate low back pain with radiation to the bilateral thighs. He is a status post L4-L5 and L5-S1 microdiscectomy left sided and hemilaminectomy foraminotomy decompression on 11/12/14. He has had post-operative physical therapy that did not provide any relief. The examination of the lumbar spine reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facet and right greater sciatic notch. There are muscle spasms. The provider recommended 8 sessions of aquatic therapy. The PR-2 notes dated 4/16/15 and 4/22/15 indicated the injured worker still had intermittent moderate low back pain with radiation to the left lower extremity. The exam notes are about the same and aquatic therapy 8 sessions was requested and now authorized. The PR-2 notes dated 6/11/15 indicated the injured worker reported continued intermittent moderate low back pain with radicular complaints, which were somewhat relieved with Gabapentin. He also reports that the aquatic therapy provides 50% pain relief and increases his range of motion and strength. The provider is requesting authorization of additional aquatic therapy for the lumbar spine 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy 2 times a week for 4 weeks for 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 injury in February 2014 and underwent a two level lumbar discectomy in November 2014. He has had postoperative physical therapy including aquatic therapy. As of as of 06/11/15 he had completed six pool therapy sessions with pain relief and improved strength and range of motion. Physical examination findings included decreased left lower extremity strength and sensation. There was lumbar facet and paraspinal tenderness with muscle spasms. There was greater sciatic notch tenderness on the right side. Authorization for an additional eight aquatic therapy sessions was requested. The claimant has a normal BMI of 25.5. 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 not obese and there is no identified co-morbid condition that would be expected to preclude conventional land based therapy. Additionally, if the claimant were to transition to an independent pool program, it would not be expected to require the number of requested treatments. The request is not medically necessary.