

Case Number:	CM15-0135493		
Date Assigned:	07/23/2015	Date of Injury:	05/10/2012
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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 48-year-old male, who sustained an industrial injury on 5/10/12. He has reported initial complaints of low back and right arm injuries at work after a slip and fall. The diagnoses have included lumbar spondylosis, lumbar stenosis and lumbar radiculopathy. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, yoga, injections, surgery, home exercise program (HEP) and aquatic therapy. Currently, as per the physician progress note dated 5/27/15, the injured worker complains of right sciatic pain and low back pain radiating to both legs. The objective findings reveal that he walks with antalgic gait, there is pain with range of motion of the lumbar spine, there is muscle guarding with range of motion and positive straight leg raise with sitting in the right lower extremity (RLE). The diagnostic testing that was performed included computerized axial tomography (CT scan) myelogram of the lumbar spine. The current medications included over the counter Nonsteroidal anti-inflammatory drugs and or analgesics. The previous therapy sessions are noted. Work status is to remain off work for 6 weeks. The physician requested treatment, treatments included Aqua therapy to lumbar spine 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy to lumbar spine 2x6: Upheld

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

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 May 2012 and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgeries, last in September 2014 with a revision decompression and fusion, medications, epidural steroid injections, physical therapy including aquatic therapy and a home exercise program, acupuncture, yoga, and chiropractic care. When seen, there had been improvement after an epidural steroid injection. There was decreased lumbar spine range of motion. There was decreased right lower extremity strength and decreased bilateral lower extremity sensation. Gaenslen testing on the right was positive and sacroiliac joint compression testing was positive bilaterally. An additional 12 aquatic treatment sessions was 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 has already had aquatic therapy. Transition to an independent pool program would be expected and would not require the number of requested skilled therapy treatments. The request is not medically necessary.