

Case Number:	CM15-0147026		
Date Assigned:	08/07/2015	Date of Injury:	07/03/2013
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 7-3-13. She reported pain in her lower back and left lower extremity related to a slip and fall accident. The injured worker was diagnosed as having lumbar radiculopathy and L5-S1 disc herniation. Treatment to date has included Menthoderm cream, aqua therapy, physical therapy, chiropractic treatments x 10, acupuncture x 9 sessions with no relief and a left knee brace. On 5-4-15 the treating physician noted decreased lumbar range of motion and decreased motor and sensory in the left lower leg. The injured worker rated her pain a 6 out of 10. As of the PR2 dated 7-7-15, the injured worker reports low back pain that radiates to the lower extremities. She rates her pain a 6 out of 10. The treating physician noted no changes in the physical examination. The treating physician requested aquatic therapy 2 x weekly for 6 weeks for the lumbar spine.

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 6 weeks to the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 6/10. The request is for Aquatic Therapy 2 times a week for 6 weeks to the lumbar spine. The request for authorization is dated 07/07/15. Physical examination reveals tender lumbar spine. Painful restricted lumbar spine range of motion. Per progress report dated 06/01/15, the patient is temporarily totally disabled. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Treater does not discuss the request. Provided progress reports are handwritten, minimal documentation and difficult to read. Given the patient's condition, a short course of Aquatic Therapy would be indicated. However, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. MTUS recommends up to 10 visits of therapy for non post-op conditions. However, per UR letter dated 07/20/15, reviewer states, "patient has undergone 12 sessions of land and aquatic treatment." The request for 12 additional sessions of Aquatic Therapy would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.