

Case Number:	CM15-0148802		
Date Assigned:	08/12/2015	Date of Injury:	01/02/2012
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, 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 30 year old male who sustained an industrial injury on 01-02-2012. Mechanism of injury occurred while nailing. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, and spinal stenosis of lumbar region without neurogenic claudication, thoracic or lumbosacral neuritis or radiculitis, unspecified-lumbar sprain. Treatment to date has included diagnostic studies, medications, status post lumbar laminectomy and fusion from L4 to S1 on 10-15-2014, acupuncture, chiropractic sessions, and physical therapy. On 11-18-2014, x-rays of the lumbar spine revealed previous lumbar laminectomy and fusion from L4-S1 with hardware in good position and disc cages are at the L4-5 and L5-S1 levels. His medications include Naproxen, Tramadol, and Omeprazole. A physician progress note dated 7-13-2015 documents the injured worker complains of continued low back pain. Examination of the lumbar spine reveals tenderness, scarring, spasms and decreased range of motion. The treatment plan includes continuing with his medications and physical therapy. A progress note dated 06-18-2015 documents the injured worker has continued low back pain with pain radiating down both legs with numbness tingling and weakness to both lower extremities. He has tenderness over the paraspinal musculature with spasticity. He has referred pain to both buttocks and lower extremities, and range of motion is restricted. Straight leg raise is positive on both sides. Treatment requested is for pool therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines, aquatic therapy Page(s): 23, 99.

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

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The guidelines further specify that the quantity and duration of treatment should follow the same guidelines as land-based therapy. The CPMTG on pages 98-99 state a recommended 10 visits of therapy for neuritis and myalgia. Furthermore, the physical medicine guidelines of the MTUS specify that future therapy is contingent on demonstration of functional benefit from prior therapy. Within the submitted documentation, there is documentation of prior physical therapy. The diagnoses include low back pain and prior fusion. There is no clear documentation of the functional outcome of therapy to date, which would determine the appropriateness of future therapy. Therefore, this request is not medically necessary.