

Case Number:	CM15-0164378		
Date Assigned:	09/01/2015	Date of Injury:	05/02/2011
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 5-2-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having anterior lumbar interbody fusion at lumbar 5-sacral 1 on 6-2-2015, lumbar discopathy. Lumbar x rays showed hardware in good position. Treatment to date has included therapy and medication management. In a progress note dated 7-7-2015, the injured worker complains of improved bilateral lower extremities radiculopathy and lower back stiffness rated 3-4 out of 10. Physical examination showed healing surgical incision and improvement in bilateral lower extremity sensation. The treating physician is requesting Aquatic therapy x 15 sessions for the lumbar spine and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 5 weeks, 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, page 22, and Physical Medicine, page 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, it was discovered that he had a hernia along with his pre-existing low back pain. The provider then suggested aquatic therapy to minimize the effect on his hernia rather than other forms of exercise which might aggravate the hernia. This is reasonable to consider, however, the request for fifteen sessions seems excessive in the setting of no evidence that this would be helpful for his back. Also, there was no record which suggested the worker was performing home exercises with difficulty to consider any type of supervised physical therapy (land-based or aquatic). Therefore, considering the above reasons, the request for 15 sessions of aquatic therapy will be regarded as medically unnecessary at this time.

IF (Interferential Units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page 118-120.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, over the past years following his injury in 2011, there was attempted physical therapy, medications and other interventions with limited benefit. The requesting provider suggested he use an interferential unit to help reduce his pain, which is reasonable to consider. However, the request does not specify whether or not it is for rental and for how long, if so, which is required for this request. Since this was missing from the request, it will be treated as a request for purchase which is not medically necessary at this time without a successful one month trial.

