

Case Number:	CM15-0167980		
Date Assigned:	09/08/2015	Date of Injury:	06/29/2000
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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 was a 64 year old female, who sustained an industrial injury, March 9, 2000. The injury was sustained when the injured worker was climbing a set of stairs and missed a step and fell down on the floor hurting the neck, back and left leg. According to progress note of July 1, 2015, the injured worker's chief complaint was cervical and back pain. The injured worker was currently attending physical therapy which the injured worker reported was working, but was still in pain. The aquatic therapy makes the injured worker sore, but noticing a difference and better range of motion. The injured worker felt like it was making things better. The injured worker had only completed half the sessions, thus far. The physical exam noted the injured worker had decreased range of motion in all planes of the lumbar spine. The straight leg raises were positive on the right leg at 15 degrees and 30 degrees on the left. The injured worker was unable to stand on the toes. The injured worker walked with a slow shuffling gait. The injured worker was diagnosed with cervical discogenic disease and lumbar discogenic disease. The injured worker previously received the following treatments lumbar spine MRI moderate facet joint arthropathy was demonstrated in the mid and lower lumbar spine, broad based posterior disc protrusions were demonstrated in the mid lumbar region, mild foraminal encroachment was demonstrated at the lower lumbar levels. No significant segmental stenosis was detected; only borderline segmental narrowing was demonstrated and was most prominent at the L2-L3 level, physical therapy, aquatic therapy Naproxen, Omeprazole, Tizanidine and Gabapentin. The RFA (request for authorization) dated July 21, 2015 the following treatments were requested additional 12 sessions of aquatic therapy 2 times a week for 6 weeks. The UR (utilization review

board) denied certification on July 28, 23015; of the 12 sessions of aquatic therapy the current request submitted in addition to previously completed sessions, exceed guidelines recommendations, there the aquatic therapy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Sessions 2x Week For 6 Weeks #12, Lumbar Spine, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low Back, 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 has a remote history of a work injury in March 2000 and is being treated for neck, low back, and left leg pain. When seen, there had been benefit from six aquatic therapy sessions. Physical examination findings included a BMI of nearly 35. There was decreased and painful cervical and lumbar range of motion. She had a slow gait with shuffling steps. There was decreased left lower extremity sensation. Additional aquatic therapy treatments are being requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.