

Case Number:	CM15-0182320		
Date Assigned:	09/23/2015	Date of Injury:	09/11/2012
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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, Hawaii

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:

This is a 39-year-old male with a date of industrial injury 9-11-2012. The medical records indicated the injured worker (IW) was treated for chronic low back pain; multilevel degenerative disc disease and joint disease primarily at L4-5 and L5-S1; lower lumbar radiculopathy, right greater than left. In the progress notes (5-5-15 and 6-3-15), the IW reported pain in the neck, back and right shoulder rated 8 out of 10. His best pain level was 7 out of 10 and worst was 9 out of 10. His weight was stated as 290 pounds. He was not working. The IW (6-3-15 notes) had 25 degrees of flexion and extension of the lumbar spine and right and left lateral bending was 25% of normal. Motor strength was 5 out of 5 in the lower extremities. Treatments included L4-5 and L5-S1 selective nerve root blocks (3-3-15); epidural steroid injections, which provided only 20% relief; chiropractic care, which made the pain worse; acupuncture, which did not help; TENS unit treatments, which provided temporary relief; and 12 physical therapy sessions, which were temporarily helpful. A Request for Authorization was received for 24 sessions of aquatic therapy for the lumbar spine, three times a week for eight weeks. The Utilization Review on 8-28-15 non-certified the request for 24 sessions of aquatic therapy for the lumbar spine, three times a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3x a week for 8 weeks (qty: 24) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The medical records indicate the patient has low back pain and bilateral lower extremity pain, left greater than right of a chronic nature dating back to 2012. The current request for consideration is aquatic therapy 3x a week for 8 weeks (QTY: 24) for the lumbar spine. The attending physician in this case indicates that the plan is to begin aquatic therapy 3x a week for 8 weeks for mechanical back stabilization. He does not provide any discussion to justify the need for aquatic therapy or the need for 24 sessions at this time. The CA MTUS does recommend aquatic therapy 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. The CA MTUS physical medicine guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records would indicate that the patient has completed 12 physical therapy sessions to date. It does appear the physical therapy has been passive. The CA MTUS recommends 9-10 visits over 8 weeks. There is no discussion as to why the patient requires 24 additional sessions. There is nothing in the medical records which would indicate that the patient has received any functional benefit from the first 12 sessions. There is also no indication that the patient requires an alternative to land-based physical therapy. While the patient may be a candidate for aquatic therapy, the current medical records do not establish medical necessity for the request at this time and the current request exceeds what the guidelines recommends.