

Case Number:	CM15-0186191		
Date Assigned:	09/28/2015	Date of Injury:	05/16/2003
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on May 16, 2003, incurring low back injuries. He was diagnosed with lumbar radiculopathy, lumbar disc disease and chronic pain syndrome. Treatment included eight sessions of physical therapy, trigger point injections, pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic gel, sleep aides and a home exercise program, activity restrictions and modifications. The injured worker noted some relief of pain with his home exercise program. Currently, the injured worker complained of bilateral sciatica and increased pain in his sacroiliac joint area radiating to both legs. He rated his pain 7 out of 10 on a pain scale from 1 to 10. The ongoing low back, hip and leg pain interfered with his daily walking and other activities of daily living. The treatment plan that was requested for authorization on September 18, 2015, included 12 aquatic therapy visits for the lumbar spine. On August 28, 2015, a request for 12 aquatic therapy visits for the lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

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

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral hips and legs. The current request is for 12 aquatic therapy visits for the lumbar spine. The treating physician report dated 8/20/15 (18B) states, "He went through 8 sessions of physical therapy and felt like this helped while he was doing it but then after her felt like the pain came right back." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 8 sessions of prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, while the patient may be a candidate for aquatic therapy, the patient has received at least 8 sessions of land based physical therapy to date and the current request of 12 aquatic therapy sessions exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The current request is not medically necessary.