

Case Number:	CM15-0186786		
Date Assigned:	09/28/2015	Date of Injury:	10/30/2014
Decision Date:	11/03/2015	UR Denial Date:	09/18/2015
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: 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:

This injured worker is a 49 year old male, who sustained an industrial injury on 10-30-2014. The injured worker was diagnosed as having lumbar disc disease and lumbar facet syndrome. On medical records dated 08-25-2015, the subjective complaints were noted as low back pain which was rated as 5 out of 10. The injured worker was noted to have 85% improvement in pain with medical branch block injections and was also noted to perform activities of daily living and increase his range of motion. Objective findings were noted as lumbar spine revealed diffuse tenderness noted over the lumbar paravertebral musculature, moderate facet tenderness was noted over the L4-S1 spinous process. A positive Kemp's test and Farfan test was noted as well as spasms over the lumbar paravertebral musculature. Treatments to date included medial branch block injection, medication, physical therapy, chiropractic therapy and home exercise program. Current medications were not listed on medical records 08-25-2015. The Utilization Review (UR) was dated 09-18-2015. A Request for Authorization was dated 08-25-2015 for 12 sessions of aquatic therapy. The UR submitted for this medical review indicated that the request for 12 sessions of 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:

12 sessions of Aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 sustained a work injury in October 2014 and continues to be treated for low back pain. When seen, there had been an 85% improvement after lumbar facet blocks. He was having on and off lumbar spine aching. Physical examination findings included a body mass index of 32.2. There was an antalgic gait. He had diffuse lumbar tenderness with moderate facet and spinous process tenderness. There was decreased lumbar range of motion. Authorization was requested for 12 sessions of aquatic therapy. A trial of 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 is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.