

Case Number:	CM15-0187910		
Date Assigned:	09/29/2015	Date of Injury:	02/12/2015
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 48 year old female, who sustained an industrial injury on 2-12-15. The injured worker is being treated for post-concussion syndrome, traumatic head injury, left knee contusion and scalp contusion. (MRI) magnetic resonance imaging of lumbar spine performed on 8-3-15 revealed chronic bilateral spondylosis L3 with grade 1 spondylolisthesis L3-4, severe disc degeneration with extensive endplate change, broad based central herniation and impingement upon the exiting L3 nerve roots bilaterally. Treatment to date has included 12 physical therapy sessions (documentation does not include response to prior therapy), acupuncture treatment, speech therapy, oral medications including Dexilant, Enskyce, Estradiol, Levothyroxine and Progesterone; topical Lidocaine patch and Pennsaid, eye drops and nasal spray; home exercise program and activity modifications. On 8-11-5, the injured worker complains of chronic shooting, stabbing neck pain without numbness or tingling of upper extremities and dull, shooting, constant low back pain with radiation to the knee. She is able to perform activities of daily living. She is currently working part time. Physical exam performed on 8-11-5 revealed tenderness to palpation over paraspinal muscles overlying the lumbar facet joints bilaterally, trigger points over lower paraspinal and muscle over lower paraspinal with normal gait and range of motion. The treatment plan included 8 physical-aqua therapy sessions. On 9-10-15 a request for 8 aqua therapy sessions 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:

Aquatic therapy x8 sessions for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents with diagnoses that include post-concussion syndrome, traumatic head injury, left knee contusion and scalp contusion. A recent MRI dated 8/3/15 revealed chronic bilateral spondylosis L3 with grade 1 spondylolisthesis L3-4, severe disc degeneration with extensive endplate change, broad based central herniation and impingement upon the existing L3 nerve roots bilaterally. The patient currently complains of chronic shooting, stabbing neck pain without numbness or tingling or upper extremities and dull, shooting, constant low back pain with radiation to the knee. The current request is for Aquatic therapy x 8 sessions for the lower back. The treating physician states in the treating report dated 8/11/15 (225B), Physical Therapy Referral "8 sessions of aqua therapy." MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, there is no clinical history of extreme obesity or note of possible benefit from exercise with reduced weight bearing included in the documentation. The patient has completed physical therapy, acupuncture therapy and has returned to work. Without a defined medical rationale for the requested aquatic therapy there is no support from MTUS on this request. The current request is not medically necessary.