

Case Number:	CM15-0189416		
Date Assigned:	10/01/2015	Date of Injury:	04/10/2014
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 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 43 year old male with an industrial injury dated 04-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for 4.5 millimeter disc herniation at L4-5, sacroiliitis, and right L5 radiculopathy. According to the progress note dated 08-27-2015, the injured worker reported low back pain with radiation into his right lower extremity and coccyx. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (04-02-2015 to 08-27-2015) revealed moderate lumbar and gluteal paraspinal "spams", mildly decreased range of motion, positive right straight leg raises, decreased of sensation in the right L5 nerve distribution, palpitation of both sacroiliac (SI) elicits tenderness, and palpitation of both sciatic notches elicit radicular symptoms into corresponding extremity. The injured worker gait was broad based and antalgic, favoring the right lower extremity and the injured worker was able to walk on toes with pain but not on heels. The treating physician reported that the Magnetic Resonance Imaging (MRI) revealed 4.5-millimeter disc protrusion at L4-5. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records did not indicate any previous aquatic therapy treatment. The treatment plan included transcutaneous electrical nerve stimulation (TENS) unit and aquatic therapy. The treating physician prescribed services for aquatic therapy 2 times a week for 5 weeks to lumbar spine. The utilization review dated 09-17-2015, modified the request for aquatic therapy 2 times a week for 3 weeks to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 5 weeks to 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): Aquatic therapy, Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.