

Case Number:	CM15-0190143		
Date Assigned:	10/02/2015	Date of Injury:	11/25/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 32 year old male, who sustained an industrial injury on 11-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc disease and discopathy with radiculopathy. Medical records (01-14-2015 to 08-13-2015) indicate ongoing moderate low back pain with radiation into the left leg with occasional spasms in the left lower extremity and tingling in the left foot. Pain levels were not rated, but were described constant, moderate, sharp, and dull. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-13-2015, revealed restricted range of motion in the lumbar spine. Relevant treatments have included chiropractic treatments with some benefit, work restrictions, and pain medications. The request for authorization was not available for review; however, the utilization review letter showed that the following therapy was requested: 16 sessions of aquatic physical therapy for the lumbar spine. The original utilization review (09-14-2015) non-certified the request for 16 sessions of aquatic physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Sessions of Aquatic Physical Therapy 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, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

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 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 November 2013 due to repetitive lifting of 50-60 pound boxes from a palette onto a dolly. He had low back pain extending into the left lower extremity with numbness and tingling. He continues to be treated for low back and radiating left lower extremity pain. When seen, pain was rated at 5/10. Physical examination findings included an antalgic gait with lumbar paraspinal muscle spasms. There was lumbar facet tenderness and decreased range of motion. There was increased pain with spinal extension. His body mass index is over 33. Authorization is being requested for 16 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.