

Case Number:	CM15-0192152		
Date Assigned:	10/06/2015	Date of Injury:	03/14/2005
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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

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 42 year old male, who sustained an industrial-work injury on 3-14-05. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar degenerative disc disease (DDD), status post laminectomy and fusion, and depression related to pain. Treatment to date has included pain medication, lumbar surgery 2006, lumbar fusion 2011, psyche care, lumbar epidural steroid injection (ESI) times 3, diagnostics, physical therapy, trial of Transcutaneous electrical nerve stimulation (TENS), trialed aqua therapy (unknown amount) with benefit, home exercise program (HEP) and other modalities. The physician indicates that Magnetic resonance imaging (MRI) of the lumbar spine dated 10-1-15 reveals facet spurring, lateral recess stenosis, L3-4 mild to moderate right and mild left foraminal stenosis of mild to moderate central canal stenosis. Medical records dated (6-10-15 to 9-16-15) indicate that the injured worker complains of chronic low back pain since 3-14-05. The pain is rated 7-8.5 out of 10 on the pain scale without medications and 4-5 out of 10 with medications. This is unchanged from previous visits. The current medications include Robaxin, Ambien and Percocet. The medical records indicate worsening of the activities of daily living (ADL). The work status is permanent and stationary per the medical record dated 6-10-15. The physical exam dated 9-16-15 reveals that the injured worker has antalgic and slowed gait. There is hypertonicity and tenderness to palpation of the paravertebral muscles in the lumbar spine. The straight leg raise is positive on the right side. The physician indicates that he would recommend aquatic therapy to address the low back pain as the injured worker has trialed it in the past with benefit. The request for authorization date was 9-17-15 and requested service included Aquatic therapy treatment for 6 sessions to the lumbar spine. The original Utilization review dated 9-23-15 non-certified; the request for Aquatic therapy treatment for 6 sessions to the lumbar spine as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy treatment for 6 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy for this chronic 2005 injury. The Aquatic therapy treatment for 6 sessions to the lumbar spine is not medically necessary and appropriate.