

Case Number:	CM15-0192761		
Date Assigned:	10/06/2015	Date of Injury:	03/09/2001
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
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, 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:

This is a 61 year old female with a date of injury of March 9, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis and lumbar degenerative disc disease. Medical records dated June 3, 2015 indicate that the injured worker complained of residual lower back pain with slight increased tingling of the right leg, tailbone pain, leg weakness, and limited balance. A progress note dated August 14, 2015 documented complaints of increased lower back pain radiating to the legs right greater than left, with decreased mobility. The physical exam dated June 3, 2015 reveals decreased extension of the lumbar spine with pain, slightly decreased left side bending with contralateral pain, slightly increased right side bending with ipsilateral pain, mild lumbar paraspinal spasm with resolution of L5-S1 midline tenderness, tenderness at the coccyx, axial back pain with bilateral straight leg raise, and back pain with right hip flexion. The progress note dated August 14, 2015 documented a physical examination that showed decreased motor strength of the right hip and right leg, diminished sensation at S1 bilaterally, difficulty with tandem walking, and an antalgic gait. Treatment has included acupuncture, medications (Ultram 50mg since July of 2015; history of Baclofen and Zanaflex), right hip injection, exercise, and magnetic resonance imaging of the lumbar spine (June 9, 2015) that showed mild lumbar spinal canal stenosis and mild bilateral neural foraminal narrowing. The original utilization review (September 29, 2015) non-certified a request for six sessions of supervised aquatic 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:

Supervised aquatic therapy (lumbar) 1 x 6 weeks: Overturned

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): Physical Medicine.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for supervised aquatic therapy (lumbar) 1 x 6 weeks. The treating physician report dated 8/14/15 (18B) states, "Difficulty with tandem walking." MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the low back. The patient's status is not post-surgical. In this case, the current request of 6 visits does not exceed the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, while the patient is not obese, there is documentation of a history of pain with right plantar foot extension (58B), and difficulty walking. The current request is medically necessary.