

Case Number:	CM15-0195206		
Date Assigned:	10/08/2015	Date of Injury:	12/13/2013
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 56 year old female with a date of injury on 12-13-2013. The injured worker is undergoing treatment for lumbar strain-sprain, lumbar degenerative disc disease and lumbar radiculopathy, and lumbar disc pathology. A physician progress note dated 06-17-2015 documents the injured worker has continued low back pain that radiates through her legs as well as sharp pain in the right heel which shoot up the leg. She rates as 7.5 out of 10 without medications and 4 out of 10 with medications. She has tenderness to palpation at the L3-4 and L4-5. Lumbar range of motion is restricted and is guarded due to pain. She had a positive straight leg raise on the right with back and heel pain. Six aqua therapies were authorized on 06-29-2015. In a physician noted dated 08-27-2015 it is documented the injured worker is improving. She reported she could work her core in the water. Her medications and physical therapy are improving her pain, functions, and range of motion and over all comfort. Straight leg raise is normal and lower extremity sensation is intact. She has had significant improvement with aqua therapy. She wishes to wean off all medications. She does not want any injections. She has lumbar spasms present and tenderness to palpation over the L3-4 disc spine and at the lumbar paraspinals with spasm and limited range of motion due to guarding of her low back pain. Treatment to date has included diagnostic studies, medications, physical therapy, aqua therapy, chiropractic care, home exercises and an epidural injection that worsened symptoms. Current medications include Tylenol #3, Flector patch and Ultracet. She has had significant improvement with aqua therapy. She wishes to wean off all medications. She does not want any injections. She has lumbar spasms present and tenderness to palpation over the L3-4 disc spine

and at the lumbar paraspinals with spasm and limited range of motion due to guarding of her low back pain. She continues her regular work. The Request for Authorization dated 09-15-2015 includes Aquatic therapy, lumbar spine Qty: 6. On 10-08-2015 Utilization Review non-certified the request for Aquatic therapy, lumbar spine Qty: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, lumbar spine Qty: 6: Upheld

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

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

Decision rationale: Based on the 8/27/15 progress report provided by the treating physician, this patient presents with low back pain that has recently improved. The treater has asked for Aquatic therapy, Lumbar Spine Qty 6 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 9/18/15 is lumbago. The patient has had significant improvement with aquatic therapy of unspecified sessions per 8/27/15 report. The patient is continuing a home exercise program but the treater is recommending that the patient join a community pool to continue her own aquatic home exercise program per 8/27/15 report. The patient is currently "doing well" with use of Tylenol #3 PRN pain per 8/27/15 report. The patient has unchanged lumbar pain with spasm/stiffness and right leg paresthesias per 7/23/15 report. The patient is to continue regular work per 7/23/15 report. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". The treater is requesting 6 sessions of aqua therapy for the spine, but the treater does not discuss this request in the reports provided. Utilization review letter dated 9/24/15 denies request due to lack of documentation of prior physical therapy and no evidence that residual deficits cannot be addressed by a home exercise program. Prior aqua therapy has been effective, but the number of sessions was not included in the provided reports. In this case, the treater does not provide a sufficient rationale for the requested 6 aqua therapy sessions for the lumbar. The treater has recommended that the patient join a community pool to continue with an aquatic home exercise program, and does not mention the necessity of aqua therapy. Furthermore, there is no documentation of extreme obesity or need for reduced weight-bearing exercises as per MTUS guidelines. Therefore, the request is not medically necessary.