

Case Number:	CM15-0197207		
Date Assigned:	10/12/2015	Date of Injury:	02/28/2014
Decision Date:	11/30/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/07/2015

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 injured worker is a 23 year old male, who sustained an industrial injury on 02-28-2014. The injured worker was diagnosed as having rule out lumbar IVD displacement without myelopathy and L5 radiculopathy - left. On medical records dated 07-13-2015 and 08-27-2015, the subjective complaints were noted as low back pain that radiated into his left lower extremity causing cramping and numbness. Symptoms were noted at 7 out of 10 on pain scale. Objective findings were noted as lumbar spine range of motion was decreased and painful upon extension and left lateral flexion. There is moderate to severe lumbar paraspinal and gluteal spasms. Straight leg raise was positive on left and as well as Braggard's was positive on the left. There was loss of sensation in the L5 nerve distribution on the left. Loss of strength upon planter and dorsiflexion on the left, which was decreased. Injured worker was noted to have difficulty standing from a seated position and sitting from a standing position. Treatments to date included medication and 22 sessions of chiropractic therapy. The injured worker was noted to be off of work. Current medications were not listed as 08-27-2015. The Utilization Review (UR) was dated 09-12-2015. A Request for Authorization was dated 08-03-2015 aquatic therapy 10 visits twice a week for 5 weeks for lumbar spine. The UR submitted for this medical review indicated that the request for aquatic therapy 10 visits twice a week for 5 weeks for lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 10 visits twice a week for 5 weeks for 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, Physical Medicine.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Aquatic therapy 10 visits twice a week for 5 weeks for lumbar spine. The treating physician report dated 5/19/15 (20B) states, "He was referred for a course of physical therapy for which he completed only three sessions due to it worsening his symptoms." 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 show the patient has received at least 3 sessions of physical therapy for the low back previously. The patient's status is not post-surgical. In this case, the patient has received 3 sessions of physical therapy to date and therefore the current request of an additional 10 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, there was no documentation in the medical reports provided as to why the patient requires aquatic therapy over land based therapy. Lastly, the patient experienced an increase in his symptoms following previous physical therapy. The current request is not medically necessary.