

Case Number:	CM15-0199328		
Date Assigned:	10/14/2015	Date of Injury:	01/07/2010
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 34 year old, male who sustained a work related injury on 1-7-10. A review of the medical records shows he is being treated for lower back pain. In the progress notes dated 8-18-15, the injured worker reports increasing pain and numbness in his legs. He rates his pain an 8 out of 10. He reports "he does not function as well and reported decreased activity in and out of the home, mood and impaired ability to sleep." He reports the Norco just "takes the edge off." On physical exam dated 8-18-15, he is lying on the table on his back and is in severe pain. He winces with the exam. Sensation is decreased in both lower legs. Treatments have included physical therapy, lumbar epidural steroid injections and medications. Current medications include Norco, Dilaudid, Neurontin, Trazodone, and Flexeril. He is not working. The treatment plan includes requests for a lumbar epidural injection and will appeal denial of aqua therapy. In the Utilization Review dated 9-14-15, the requested treatment of aqua therapy 12 sessions for the back is modified to aqua therapy 2 sessions for the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions for the back: Upheld

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

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 low back with radiation down the left leg. The current request is for Aqua therapy 12 sessions for the back. The treating physician report dated 10/19/15 (2C) states, "(The patient) was instructed to continue a healthy diet, perform a daily home exercise program". 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 physical therapy for the low back previously, although the quantity of sessions received is unknown. The patient's status is not post-surgical. In this case, the patient has received an unknown quantity of sessions of physical therapy to date and the current request of 12 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 has already established a home exercise program. The current request is not medically necessary.