

Case Number:	CM15-0204103		
Date Assigned:	10/20/2015	Date of Injury:	06/19/2014
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male with a date of injury on 6-19-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-9-15 reports continued complaints of worsening lower back pain. He states he has difficulty walking due to left leg weakness. The pain is rated 5 out of 10. He reports that aquatic therapy has relieved his pain in the past. Medications include: Norco and lisinopril. Physical exam: very protective of left lower extremity, antalgic gait, very slow to get up from chair, left sciatic notch tender, absent knee jerk and lumbar spine is tender. Radiology performed in office antero-posterior view of the pelvis revealed normal alignment between femoral head and acetabulum, mild changes in the hips and significant left lateral spondylothithsis of L4, L5. Treatments include: medication, physical therapy, aqua therapy, electrical stimulation. Request for authorization dated 9-10-15 was made for Outpatient Aquatic Therapy to low back 2 times a week for 6 weeks. Utilization review dated 9-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Aquatic Therapy to low back 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in June 2014 due to lifting and continues to be treated for low back pain with lower extremity radicular symptoms. He has a remote history of a lumbar laminectomy in 2002. When seen in March 2015 he had completed 10 physical therapy sessions. He had benefited from aquatic therapy. In April 2015 he was unsure whether he wanted to pursue a third epidural injection. He had been authorized for surgery but wanted to continue with aquatic therapy. A multilevel lumbar fusion had been recommended. As of 05/28/15 he had completed 18 therapy treatment sessions. When seen in September 2015 he was having worsening back pain. He was having difficulty walking and had left leg weakness. He had pain rated at 5/10. Physical examination findings included a normal body mass index. There was an antalgic gait and he transitioned positions slowly. There was a forward flexed posture with left paraspinous spasms. He had left sciatic notch tenderness with positive left straight leg raising and an absent left ankle reflex. Authorization was requested for additional aquatic therapy sessions. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has chronic low back pain and surgery is being recommended. He has already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.