

Case Number:	CM15-0204631		
Date Assigned:	10/21/2015	Date of Injury:	07/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 7-11-14. The injured worker has complaints of back pain that radiates down his left side all the way to his left leg and his left toe. The injured worker reports his sleep is horrible, he sleeps 4 to 5 hours in the evening and that his appetite comes and goes and has gained at least 30 pounds since his accident. The documentation noted that the injured worker is not a surgical candidate for back surgery. The documentation on 8-25-15 noted that the injured workers spasms are occurring lesser since therapy started. The injured worker states he feels that the aquatic setting is the safest and best environment for him to exercise and allowing increased tolerance. Straight leg raise test is positive on the left. Range of motion assessment, extension is 25 percent of normal bilaterally, with forward flexion; he can reach his patellae before he is limited by pain. Lateral side bending the injured worker is able to reach one handbreadth above the joint line of his knee bilaterally before he is limited pain. The documentation noted that the range of motion maneuvers clearly cause the injured workers discomfort as he grimaces throughout. Lumbar spine electromyography on 11-18-14 revealed that evidence that would be most consistent with a lumbar radiculopathy on the left side and involved nerve roots would appear to be both the L5 and the S1 (sacroiliac). Lumbar spine magnetic resonance imaging (MRI) 9-23-14 revealed moderate to severe facet degeneration demonstrated at the lower lumbar levels; mild effacement of the anterior aspect of the thecal sac and minimal right greater than left foraminal narrowing at L4-L5. The diagnoses have included lumbar sprain and strain. Treatment to date has included Venlafaxine XR; diclofenac; Flexeril and omeprazole. The original utilization review (9-29-15) non-certified the request for extension of aqua therapy, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Aqua therapy, 6 visits: 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): Physical Medicine.

Decision rationale: Physical Medicine Guidelines 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.