

Case Number:	CM15-0207735		
Date Assigned:	10/26/2015	Date of Injury:	12/22/2014
Decision Date:	12/07/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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:

injured worker is undergoing treatment for lumbar degenerative joint disease (DJD)-degenerative disc disease (DDD) and lumbosacral radiculopathy Medical records dated 10-1-2015 indicates the injured worker complains of stabbing low back pain rated 4.5 out of 10 with medication and 7.5 out of 10 with medication. He reports pain radiates to lower extremity with numbness and tingling. The injured worker reports aqua therapy has helped and since stopping he has had increased pain and stiffness. Physical exam dated 10-1-2015 notes no apparent distress, body mass index 45.19, slow antalgic gait without use of an assistive device, lumbar tenderness to palpation and spasm, decreased range of motion (ROM), positive straight leg raise, +2 lower extremity edema and diminished sensation of L5-S1 dermatomes. Treatment to date has included 6 aqua therapy visits, Gabapentin, Norco and Vicodin. The treating physician on 10-1-2015 indicates 2-3-2015 lumbar magnetic resonance imaging (MRI) shows 2 disc protrusions with stenosis and disc bulge with mild foraminal narrowing. The original utilization review dated 10- 22-2015 indicates the request for aqua therapy X12 to the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 12 to the 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.

Decision rationale: Although it is noted the patient tolerates the previous 6 aquatic therapy visits for history of morbid obesity; however, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered for this 2014 injury. The patient reports unchanged activity and pain levels, continuing on analgesics remaining off work. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient should already been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Aqua therapy x 12 to the lumbar spine is not medically necessary and appropriate.