

Case Number:	CM15-0210862		
Date Assigned:	10/29/2015	Date of Injury:	05/08/2004
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 51 year old male who sustained an industrial injury on 5-8-2004. A review of medical records indicates the injured worker is being treated for chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, postlaminectomy syndrome, lumbar region, sacroiliitis, not elsewhere classified, myalgia and myositis, unspecified, lumbar facet joint pain, myofascial pain, sacroiliac joint somatic dysfunction, lumbar radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, and lumbar post laminectomy syndrome. Medical records dated 9-25-2015 noted chronic low back pain rated a 4 out of 10 with medications and a 10 out of 10 without medications. He was attending aqua therapy and said he was feeling better. Medication management allows him to complete activities of daily living. Physical examination noted lumbar exam was guarded due to pain. Range of motion was restricted. There was spasms down the right leg and intermittent on the left leg. Treatment has included aqua therapy, methadone, and Norco since 12-19-2015. Utilization review form dated 10-15-2015 non certified aquatic therapy of the low back, two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy of the low back, two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 9/25/15 progress report provided by the treating physician, this patient presents with low back pain in the setting of failed back surgery syndrome rated 4/10 with medications and 10/10 without medications. The treater has asked for aquatic therapy of the low back, two times a week for three weeks on 9/25/15. The patient's diagnoses per request for authorization dated 9/26/15 are lumbar DDD and postlaminectomy. The patient is s/p a few sessions of aquatherapy and says he is feeling better per 9/25/15 report. The patient is currently able to complete activities of daily living with the help of medication management, activity restriction and rest per 8/28/15 report. The patient is currently doing a home exercise program (stretching) per 6/26/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "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: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the request for 6 additional sessions of aquatic therapy for the management of this patient's lower back pain, the treater states: his lumbar pain has been improved since he had [a] few sessions in June per 9/25/15 report. Utilization review letter dated 10/20/15 denies request due to lack of documentation of prior sessions, and as patient was already authorized for 6 aquatherapy sessions. MTUS guidelines allow for 8-10 sessions of therapy in non-operative cases. As the patient has already received authorization for 6 prior aquatherapy sessions, the current request for 6 additional sessions exceeds MTUS guidelines. Therefore, the request is not medically necessary.