

Case Number:	CM15-0223343		
Date Assigned:	11/19/2015	Date of Injury:	05/10/1992
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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:

The injured worker is a 55-year-old female, with a reported date of injury of 05-10-1992. The diagnoses include axial facet mediated low back pain, right lumbar enthesopathy, lumbar spondylosis with facet arthrosis at L4-5, myalgia and myositis, lumbar strain with disc disease, left L6 radicular symptoms with focal weakness, L5-S1 slight retrolisthesis with a broad based disc bulge, L1-2 disc protrusion, and L4-5 left-sided facet arthrosis. The progress report dated 09-04-2015 indicates that the injured worker continued to have low back pain with radiation into the hips; and returning bilateral hip pain. It was noted that the injured worker had not yet started aquatic therapy, but was going to start the same month. The physical examination showed no acute distress; ability to stand and transfer independently; a non-antalgic gait; tenderness to palpation of the lumbosacral junctions, trochanteric bursae, and iliotibial bands bilaterally; and mildly positive bilateral facet stress maneuvers. The progress report dated 10-13-2015 indicates that the injured worker had attended 7 of the 8 aquatic therapy visits. It was noted that she reported significant improvement, and she had less tightness in the back and less tightness in the hips. It was also noted that the injured worker has been more easily able to go about all of her regular daily activities. The treating physician indicated that the physical therapist reported "good objective gains in range of motion and strength measurements." The physical examination showed no acute distress; ability to stand and transfer independently; mild tenderness to palpation of the right lumbosacral junction with taut muscle bands; positive bilateral facet stress maneuvers; and tenderness of the bilateral trochanteric bursae and the iliotibial bands. The medical records include seven physical-aquatic therapy reports dated 09-16-2015 through 10-09-2015. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included aquatic therapy, bilateral sacroiliac joint

injections on 05-2-2015 (helpful), physical therapy, Vicodin, and hydrocodone. The treating physician requested eight (8) aquatic therapy visits for the lumbar spine. On 11-04-2015, Utilization Review (UR) non-certified the request for eight (8) aquatic therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x8 visits for the lumbar spine: Upheld

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

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 has a remote history of a work injury occurring in May 1992 when she tripped and fell. In May 2015 bilateral sacroiliac joint injections were done. In June 2015, there had been an 80% relief of pain after the injections. She was still having left-sided back pain radiating into the left leg. In July 2015, she was continuing to have low back and was having right leg pain with radiating symptoms and weakness. She had participated in aquatic therapy 2-3 years before which had helped significantly. Physical examination findings included mild lower extremity weakness. There was lumbosacral junction tenderness. She had pain and tightness with lumbar flexion. Authorization for aquatic therapy was requested. As of 10/09/15, she had completed seven treatments. She had improved mobility and increased standing tolerance. She was having continued fatigue due to fibromyalgia. When seen in October 2015 she reported significant improvement with pool therapy. Additional treatments were requested. 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 had 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.