

Case Number:	CM15-0038702		
Date Assigned:	03/09/2015	Date of Injury:	03/18/2014
Decision Date:	07/31/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 (IW) is a 48 year old male who sustained an industrial injury on 03/18/2014. He reported injury to the lumbar spine from lifting a heavy ladder. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis with history of disc bulges, and urinary difficulty and sexual dysfunction. Treatment to date has included physical therapy. On January 30, 2015, the injured worker complains of low back pain radiating to the left lower extremity, and bladder and urinary incontinence. The physical examination found tenderness to palpation with muscle guarding and spasm over the paravertebral musculature. Straight leg raising test was positive on the left. Sacroiliac stress test is negative. Range of motion of the lumbar spine was decreased in all planes. Neurologically, sensation to pinprick and light touch in the lower extremities was bilaterally intact, reflexes were normal, and motor testing of the major muscle groups of the bilateral lower extremities revealed no weakness. According to a notation found in the Primary Treating Physician's Report, Supplemental Medical Legal Report Review of Medical Records dated 03/19/2015, on January 15, 2015, the physical therapy note states the worker has completed five sessions of physical therapy. His lumbar spine and lower extremity range of motion and strength were recovering but he lacked adequate lumbar spine mobility and his core muscles and lower extremities were weak. He was continued on physical therapy, working on lumbar spine mobility, lower extremity flexibility, and core/lower extremity strengthening. A request for authorization was made for the following: 12 pool therapy for the lumbar spine (lower back), 3x/week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 pool therapy for the lumbar spine (lower back), 3x/week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 March 2014 and continues to be treated for radiating back pain. When seen, there was lumbar spine tenderness with muscle guarding and spasms. Straight leg raising was positive on the left. There was decreased lumbar spine range of motion. The claimant's BMI is over 34. A trial of 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 is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there were benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.