

Case Number:	CM15-0051515		
Date Assigned:	03/25/2015	Date of Injury:	03/14/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational Medicine

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 37 year old male, who sustained an industrial injury on 03/14/2014. He has reported injury to the right lower back. The diagnoses have included low back pain; lumbar radiculopathy; and lumbar facet syndrome. Treatment to date has included medications, diagnostics, physical therapy (11 sessions completed but it worsened his pain), and aquatic therapy (8 sessions completed to date - effective at reducing stiffness and pain). Medications have included Norco, Lyrica, and Ibuprofen. A progress note from the treating physician, dated 02/06/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of lower backache and right hip pain; pain is rated at 7/10 on the visual analog scale with medications, and rated at 9/10 without medications; the patient has reduced his daily Norco use and is very motivated to continue with aquatic therapy, as it improves stiffness and pain. Objective findings included tenderness to palpation on the right lumbar paravertebral muscles with spasm, lumbar facet loading is positive on the right side, tenderness over the sacroiliac spine, EHL motor strength decreased to 4/5 on the right, positive straight leg raise on the right and restricted lumbar range of motion. The treatment plan has included the request for additional 6 sessions of aquatic therapy for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of aquatic therapy for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301, Chronic Pain Treatment Guidelines Aquatic Therapy; Exercise; Physical Medicine Page(s): 22, 46-7, 98-9.

Decision rationale: Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. It is effective and specifically recommended for patients with significant weight bearing difficulties, such as morbid obesity or other significant weight bearing problems. It is also very effective and highly recommended in patients with fibromyalgia. The literature reflects strong evidence that physical activity is key in returning individuals to function. This patient has a chronic debilitating condition that is made worse with inactivity, but alternately, made functionally better with activity. The MTUS notes the significant benefits from regular exercise in returning individuals to function and relieving discomfort. However, it notes that even when aquatic therapy improves movement and function, regular and high intensity exercise is required to maintain those improvements. Additionally, the MTUS recommends fading of physical medicine treatments to allow for transition to effective, self-directed home therapy. This patient has already been given a trial of physical therapy without getting associated pain relief and has also been given a trial of aquatic therapy which has been effective in reducing pain and stiffness. As noted above it makes sense to optimize the exercise-related treatments whenever possible, thus continued use of aquatic therapy is recommended. Medical necessity for continued aquatic therapy has been established. Therefore, this request is medically necessary.