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| Case Number: | CM15-0087433 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 12/03/2012 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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 32 year old male, who sustained an industrial injury on 12/3/12. He received a head injury with loss of consciousness following a 20 foot fall at work. The injured worker was diagnosed as having lumbar spine sprain/strain with bilateral lower extremity radiculopathy, facet arthropathy with mild central stenosis, L4-5 left disc protrusion, headache, memory loss and sleep difficulty. Treatment to date has included oral medications and physical therapy. Currently, the injured worker complains of bilateral lower extremity numbness and tingling into bilateral feet, right greater than left. The injured worker is not working at the present time. Physical exam noted tenderness to palpation of bilateral lumbar paravertebral musculature, bilateral SI joints and bilateral facets. The treatment plan included follow up appoint and aquatic therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, 78, 94.

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

Decision rationale: Based on the 04/06/15 progress report provided by treating physician, the patient presents with low back pain with bilateral lower extremity numbness and tingling into bilateral feet. The request is for AQUA THERAPY 3 TIMES A WEEK FOR 4 WEEKS. Patient's diagnosis per Request for Authorization form dated 04/06/15 includes lumbar spine sprain/strain. Diagnosis on 11/03/14 included lumbar spine sprain/strain with bilateral lower extremity radiculopathy, facet arthropathy with mild central stenosis, L4-5 left disc protrusion, headache, memory loss and sleep difficulty. Physical examination to the lumbar spine on 04/06/15 revealed tenderness to palpation to the paravertebral muscles, bilateral facets and sacroiliac joint. Positive straight leg raise test on the right, Faber's on the left, SIJ test on left and Kemp's bilaterally. Treatment to date included oral medications and physical therapy. Patient's medications include Mobic, Prilosec, and Robaxin. The patient is temporarily totally disabled, per 04/06/15 report. Treatment reports were provided from 04/17/14 - 04/06/15. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect 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. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, treater has not provided medical rationale for the request, nor a precise treatment history. Treater has not discussed why the patient cannot perform land-based therapy or home exercise program. There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. There are no details about the need for the use of specialized equipment, either. Furthermore, the request for 12 sessions would exceed guideline recommendation. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.