

Case Number:	CM14-0121150		
Date Assigned:	09/16/2014	Date of Injury:	10/03/2013
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 31-year-old male patient who reported an industrial injury on 10/3/2013, to the back, one (1) year ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall onto his left side. The patient continued to complain of low back pain radiating to the bilateral lower extremities. The patient received an epidural steroid injection to the lumbar spine with no relief. The patient is currently taking Tylenol or ibuprofen as needed. The objective findings on examination included lumbar spine diffuse tenderness, mild spasm, tender bilateral Sladek notches, and reduce lumbar motion with pain at the end range, positive favor test on the left, straight leg raise on the left produce low back pain, and straight leg raise on the right produces low back pain with reported left leg pain. The diagnoses were lumbago; left leg sciatica; left L4 radiculopathy; L5-S1 disc extrusion; and left SI joint pain. The treatment plan included a six-week 36 session self-directed aquatic physical therapy program consisting of one hour per day six days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELF-DIRECTED AQUATIC THERAPY SESSIONS QTY 36: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Aquatic Therapy
Page(s): 22 98-99;. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) lower back section--PT; knee section--PT;

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. The patient is not precluded from performing land-based exercise. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care 12 months after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.". The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime.

There is no demonstrated medical necessity for the requested 36 sessions of aquatic therapy directed to the lumbar spine or for the cited diagnoses.