

Case Number:	CM14-0130875		
Date Assigned:	08/20/2014	Date of Injury:	04/18/2006
Decision Date:	10/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 53-year-old male who reported an injury on 04/18/2006, after a slip and fall. The injured worker reportedly sustained an injury to his low back, and ultimately underwent lumbar fusion of the L5-S1. The injured worker had persistent chronic pain that was managed with physical therapy, aquatic therapy, trigger point injections, and multiple medications. A review of the clinical documentation indicates that the injured worker had previously been authorized for 12 aquatic therapy visits in 10/2013. The injured worker was evaluated on 03/26/2014. It was documented that the injured worker had significant intractable low back pain. Objective findings included limited range of motion of the thoracic and lumbar spine with multiple myofascial trigger points. It was noted that the injured worker had weakness in both dorsiflexion and plantar flexion of the right lower extremity with decreased sensation in the lateral right calf area, with absent knee and ankle jerks bilaterally. The injured worker's diagnoses included status post fusion of the L5-S1 and lumbar spine surgery times 3 with residual symptoms at the L5-S1, chronic myofascial pain syndrome of the thoracolumbar spine, sprain injury of the right knee, anxiety and major depression, insomnia, intractable back pain due to acute exacerbation of the thoracolumbar spine. The injured worker's treatment plan included continued medications, trigger points injections, a urine drug screen, a home exercise program, and aquatic therapy exercises. A Request for Authorization form was submitted on 03/28/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2 x a week x 6 weeks to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker previously participated in aquatic therapy; however, the patient's response and increased functionality resulting from that therapy was not provided. The California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight bearing environment to participate in active therapy. The clinical documentation does indicate that the injured worker has chronic, intractable back pain that could benefit from a non weight bearing environment. However, as the patient has already participated in aquatic therapy, the response to that therapy would need to be provided before the determination of further aquatic therapy can be made. As such, the requested aquatic therapy 2 times a week for 6 weeks to the low back is not medically necessary and appropriate.