

Case Number:	CM14-0137474		
Date Assigned:	09/12/2014	Date of Injury:	05/26/2014
Decision Date:	12/19/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 41-year-old woman with a date of injury of 05/26/2014. A note dated 07/14/2014 identified the mechanism of injury as cumulative trauma. Treating physician notes dated 07/14/2014 and 08/01/2014 indicated the worker was experiencing pain in the lower back and both hips that went into the legs and problems sleeping. Documented examinations consistently described tenderness and spasm in the lower back and hips, a positive seated nerve root test, decreased motion in the lower back and hip joints, and numbness along the paths of the L5 and S1 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from hip/thigh sprain and a bulging lower back disk. Treatment recommendations included oral pain medications, physical therapy for twelve sessions, EMG/NCV testing of the legs, MRIs of the hips and lower back, and twelve sessions of aqua therapy. A Utilization Review decision was rendered on 08/15/2014 recommending partial approval for six sessions of aqua therapy for the lumbar spine (three times per week for two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of aqua therapy for the lumbar spine (3 x per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines (Lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98-99 22.

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis. The reviewed records indicated the worker was experiencing pain in the lower back and both hips that went into the legs and problems sleeping. This documentation concluded the worker was suffering from hip/thigh sprain and a bulging lower back disk. While the Guidelines support the use of aqua therapy as part of a multimodality approach in this setting, the requested number of sessions is more than that recommended by the Guidelines. The request also does not allow for the fading of treatment frequency. There was no discussion supporting these additional sessions. In the absence of such evidence, the current request for twelve sessions of aqua therapy for the lumbar spine (three times per week for four weeks) is not medically necessary.