

Case Number:	CM14-0141641		
Date Assigned:	09/10/2014	Date of Injury:	12/04/2007
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 58 year old male who reported an injury on 12/04/2007. The mechanism of injury was reported as constant walking, bending, twisting, lifting, and carrying supplies such as food and water. His diagnoses included status post lumbar fusion and cervical/lumbar stenosis. His previous treatments included physical therapy which gave him temporary relief, medications, epidural injections, and aquatic therapy. He had X-rays and an MRI of his lower back. An X-ray on 05/15/2014 of the lumbosacral spine showed multilevel degenerative change and minimal anterolithesis of L3 in relation to L2 without change on flexion or extension. On 10/22/2012 he had an L3-4 fusion and a laminectomy from L3-L5 in September 2009. The physician note from 08/06/2014 found that the injured worker was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain, and lateral bending was limited to 15 degrees in either direction. The motor examination was "felt to be normal" in all major muscles of the lower extremities. Sensory examination was normal to light touch and reflexes were symmetrical. The aquatic therapy note from 08/18/2014 noted that his initial extension of the lumbar spine was 8 degrees and 10 degrees when reevaluated on the 11th visit and his flexion was not tested at all. The injured worker reported that he continued to have low back pain into his right lower extremity and rated his pain 3/10. It was noted that he was able to stand for 1 hour and sit for 30-45 minutes. His medications consisted of Celebrex once daily, Norco 5/325mg, and Elavil 25mg. The treatment plan was to continue aqua therapy x 12. The rationale for the request was to decrease pain, maximize range of motion and strength of the cervical and lumbar spine, and to improve his functional status. The request for authorization form was submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue aqua therapy x 12: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request to continue aqua therapy x 12 is not medically necessary. As stated in California MTUS Guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It can minimize the effects of gravity, therefore, it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines indicate up to 10 visits of therapy. The injured worker suffered a work related injury after constant walking, bending, twisting, lifting, and carrying supplies such as food and water. He was status post lumbosacral spinal surgery x3. It was noted that the injured worker had completed 11 of the 12 aquatic therapy sessions and he continued to have lower back pain. The guidelines indicate that aquatic therapy is recommended where reduced weight bearing is appropriate; however, it was not noted that the injured worker was extremely obese to warrant reduced weight bearing. Furthermore, the physical examination at the 11th visit by the physical therapist showed that initial extension of the lumbar spine was 8 degrees and 10 degrees when reevaluated on the 11th visit and his flexion was not tested at all. However, the physician note from 08/06/2014 found that the injured worker was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain, and lateral bending was limited to 15 degrees in either direction. There was a lack of documentation showing that the injured worker made functional gains from the 12 visits of aquatic therapy for his lumbar spine. Although he had decreased range of motion, it was noted that his motor strength was "felt to be normal". Also, at the 11th visit he reported he was still experiencing low back pain. Furthermore, the guidelines suggest 10 visits of therapy, which he has exceeded the recommendation and the request for 12 additional visits further exceeds the recommendation especially with a lack of documentation showing that he has benefited from the therapy. As such, the request to continue aqua therapy x 12 is not medically necessary.