

Case Number:	CM14-0155985		
Date Assigned:	09/25/2014	Date of Injury:	07/05/2011
Decision Date:	10/29/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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 and 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:

Injured worker is a male with date of injury 7/5/2011. Per primary treating physician's progress report dated 8/7/2014, the injured worker has attempted physical therapy. He completed 5 sessions, but had a significant increase in the lower back pain and had to discontinue. He has been on tramadol since 2013, and has been on Norco from 2011 to 2013. He states without medications, first thing in the morning, the pain is a 7/10. He is not able to do much until he takes his two tablets, and then the pain will drop to about 4/10. He is then able to walk around, do some cooking and cleaning, and his activities of daily living. He admits that he is doing a lot less now than before he was injured. On examination the injured worker is obese, with height at 5 feet 8 inches and weight at 316 pounds. He states before the injury he was at 230 pounds. He is walking with the assistance of a cane and he has low back pain that radiates down the left leg and occasionally down the right leg. Diagnoses include 1) 5 mm disk herniation at L4-L5, facet arthropathy at L5-S1 per MRI of 9/1/2011, chronic low back and right lower extremity pain 2) neck and upper extremity pain, MRI from 12/9/2011 showed focal protrusion at C5-C6, broad based disk protrusion at C3-C4, broad based disk protrusion at C6-C7 3) insomnia due to pain 4) EMG report from 3/6/2012 of upper extremities with diagnosis of right median neuropathy consistent with very mild right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 months Course Lower Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The requesting physician explains that the injured worker is obese and is attempting to lose weight, but has not been successful. It is noted that the injured worker had completed 5 sessions of land based physical therapy, but had a significant increase in the lower back pain and had to discontinue. A back operation has been advised, but is deferred because of the injured worker's obesity. Per the requesting physician, the program that is available in the area offers a 3 month membership, which will provide the patient with about 26 sessions of supervised therapy. With this in consideration, the request is therefore medically necessary.