

Case Number:	CM14-0163339		
Date Assigned:	10/08/2014	Date of Injury:	10/14/2002
Decision Date:	11/13/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 10/14/02. Based on the 9/09/14 progress report by [REDACTED] this patient complains of "increased pain low back, pain paresthasias to Lt thigh; feels weakness/give way of knees. with motion lumbar limited." Exam of the this patient's "DTR LE absent. On mmt, knee flexion 4-, extension 4+. ankle flex/ext 5/5, (+) Lt SLR, Rt (-). Lumbar ROM very limited. Walks with short stride, stooped posture." Diagnosis for this patient is: Lumbar S/S Multilevel DDD. Work status as of 9/09/14: "Cont. P&S status. The utilization review being challenged is dated 7/08/14. The request is for aqua therapy x 8 sessions; lumbar support. The requesting provider is [REDACTED] and he has provided two reports dated 2/27/14 and 9/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy X 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chapter on Aquatic Therapy, physical medicine Pag.

Decision rationale: This patient presents with increased pain, pain parasthesias to the left thigh with weakness in the knees that give way, and very limited lumbar range of motion. The treater requests aqua therapy x 8 sessions. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS also allows 9-10 sessions for myalgia/myositis type of symptoms. While there is no evidence of extreme obesity, the request seems reasonable for this patient who is having increased pain with weakness in the knees that give way. Furthermore, review of treatment reports do not indicate nor document that this patient has previously received any therapy sessions therefore request is medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar Supports

Decision rationale: This patient presents with increased low pain with very limited lumbar range of motion. The treater requests a lumbar brace. ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines support for instability, spondylolisthesis treatments, fractures. For non-specific low back pain, there is very low quality evidence for it. This patient has "stooped posture, short stride," increase in low back pain with "very limited lumbar ROM," for which the treater has prescribed lumbar brace. However, there is very little evidence that lumbar supports are helpful for non-specific low back pain and the patient does not present with any specific diagnosis that would warrant one therefore request is not medically necessary.