

Case Number:	CM14-0165565		
Date Assigned:	10/10/2014	Date of Injury:	07/24/2010
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiologist, has a subspecialty in Pain 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 38 year old female who reported an injury on 07/24/2010. The mechanism of injury was not found in the provided documentation. She is diagnosed with L5-S1 herniated nucleus pulposus; L5-S1 degenerative disc disease; S1 radiculopathy; neurogenic bladder; perineal numbness and vaginal pain. Past treatments included medications, physical therapy, epidural steroid injections and chiropractic therapy. Past diagnostics include an MRI done on 02/08/2013. Past surgical history included a right ankle internal fixation in 1994. On 06/30/2014, the injured worker complained of recently developing new symptoms including perineal and vaginal pain as well as decreased sensation in the perineal area. She also complained of worsening of the right lower extremity and numbness in the buttock area and posterior thigh area. Her pain level was rated at a 6/10 and constant. She described the pain as sharp and burning and stated that the pain is about 90% in the back and 10% in the leg. Upon physical examination, her strength is 5/5 in bilateral upper extremities and lower extremities. The sensation is decreased on the right lateral aspect of the foot and the right S2-3 region around the buttock and posterior thigh. Her range of motion of the neck is full. Range of motion to the back is full, however, somewhat limited by pain. Bilateral upper and lower extremity range of motion is all within normal limits. The medications that the injured worker is currently taking include Flector patches, Mobic, Ultram, Lyrica, and Ambien. The dosages and frequencies were not provided in the medical record. Request received for continue land and pool therapy two to three (2-3) times per week for six (6) weeks: determination date: 10/01/2014. The rationale for the request was not provided in the documentation. The Request for Authorization was not submitted with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue land and pool therapy two to three (2-3) times per week for six (6) weeks:
determination date: 10/01/2014: 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 & Physical Medicine Page(s): 22, 98-99.

Decision rationale: The request for continue land and pool therapy two to three (2-3) times per week for six (6) weeks: determination date: 10/01/2014 is not medically necessary. The California MTUS guideline recommends aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 8-10 visits over four weeks. The injured worker complained of her pain as being constant. There was no quantified information regarding previous land or pool therapy sessions, to include, number of sessions, duration of treatment, and the progress of the treatment. She would need to show improvement in her pain and functional deficits in order to continue with the therapy. Also the request is for 2-3 times per week for 6 weeks which is over what the guidelines recommends. As such, the request is not medically necessary.