

Case Number:	CM14-0110735		
Date Assigned:	08/01/2014	Date of Injury:	01/29/2013
Decision Date:	05/14/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37 year old male who sustained an industrial injury on 1/29/13. He has reported initial complaints of low back injury with pain after reaching for a jackhammer. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar radiculopathy and lumbar Herniated Nucleus Pulposus (HNP). Treatment to date has included medications, epidural steroid injection (ESI), diagnostics, 12 sessions of physical therapy, 12 sessions of chiropractic and 4 sessions of acupuncture without benefit. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Trazadone and Lidapro cream. Currently, as per the physician progress note dated 5/7/14, the injured worker complains of ongoing low back pain rated 7/10 on pain scale. He also reported an incident 3 days prior of urinating on himself while sleeping. He also complains of radiating pain to the thigh with weakness. He states that he feels depressed due to decreased ability to be active with his children. The physical exam of the spine revealed tenderness and decreased range of motion. The injured worker ambulated with a single point cane. The straight leg raise was positive left and right causing pain to the back. The physician noted that the injured worker has failed land-based therapy and therefore, the physician requested treatment included Aquatic therapy 2 times weekly for 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times weekly for 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times four weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are herniated nucleus pulposus; and lumbar radiculopathy. Documentation, according to a progress note dated May 7, 2014, shows the injured worker received 12 land-based physical therapy sessions with no relief. The injured worker received acupuncture four sessions with no benefit, 12 chiropractic sessions with no benefit, epidural steroid injections times two with two weeks of relief. There is no height and weight in the medical record. There is no documentation indicating reduced weight bearing is desirable. The treating physician indicated in the medical record aquatic therapy is appropriate because land-based therapy failed. Aquatic therapy is recommended as an optional form or as an alternative to land based physical therapy. There is no clinical indication/rationale in the medical record for aquatic therapy in the face of failed physical therapy. There is no objective functional improvement with physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy as clinically indicated. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and compelling clinical facts indicating additional aquatic therapy is clinically indicated, aquatic therapy two times per week times four weeks to the lumbar spine is not medically necessary.