

Case Number:	CM14-0212504		
Date Assigned:	01/02/2015	Date of Injury:	06/04/2010
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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

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 patient is an injured worker with a history of lumbar back injury. The patient sustained an industrial injury on June 4, 2010. The patient is status post L5-S1 fusion on March 18, 2013. The medical history was notable for a two level fusion instrumentation L4-L5 and L5-S1 in March of 2013, post-laminectomy syndrome of the lumbar region, disc displacement with radiculitis, lumbar, and lumbosacral spondylosis, status post discectomy and fusion, L4-5 and L5-S1. The orthopedic evaluation report dated May 21, 2014 documented that the patient weighed 205 pounds. The progress report dated November 18, 2014 documented subjective complaints of lumbar pain. Height was 6 feet and 1 inch. Physical examination was documented. There is no midline shift of the lumbar spine. There is no spinous process tenderness of the lumbar spine. There is no paraspinal muscle tenderness reported in the lumbar spine musculature. Decreased flexion 60 degrees is noted of the lumbar spine. Decreased extension 10 degrees is noted of the lumbar spine. There is no decreased lateral bending to the right of the lumbar spine. There is no decreased lateral bending to the left of the lumbar spine. The straight leg raising test is negative in sitting and lying positions. No atrophy of the lower extremities is noted. Deep tendon reflexes are equal and symmetric. Gait is normal. Treatment plan was documented. Aquatic physical therapy and a work hardening program were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 6 visits low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records do not document extreme obesity. Height was 6 feet and 1 inch. Weight was 205 pounds. Body mass index BMI was 27.0 which does not qualify as obese. Physical examination performed on November 18, 2014 documented lumbar spine flexion 60 degrees. No lumbar tenderness was noted. The straight leg raising test was negative. No atrophy of the lower extremities is noted. Deep tendon reflexes are equal and symmetric. Gait was normal. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable, which is not exhibited in the medical records. Therefore, the request for aquatic therapy is not supported by MTUS guidelines. Therefore, the request for Aquatic Physical Therapy 6 visits low back is not medically necessary.

Work hardening program (unspecified visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Working conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Working conditioning, work hardening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses work hardening programs. FCE functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. A defined return to work goal agreed to by the employer and employee. A documented specific job to return to with job demands that exceed abilities, or documented on-the-job training. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. Official Disability Guidelines (ODG) physical medicine guideline for work conditioning is 10 visits over 8 weeks. Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as

documented by subjective and objective gains and measurable improvement in functional abilities. The worker must be no more than 2 years past date of injury. Medical record document that the patient sustained an industrial injury on June 4, 2010. No functional capacity evaluation was documented. Physical examination performed on November 18, 2014 documented lumbar spine flexion 60 degrees. No lumbar tenderness was noted. The straight leg raising test was negative. No atrophy of the lower extremities is noted. Deep tendon reflexes are equal and symmetric. Gait was normal. The progress report dated November 18, 2014 documented a request for a work hardening program, with unspecified visits. The number of visits was not specified. MTUS guidelines has limits on the duration and number of work hardening visits. Per MTUS, the worker must be no more than 2 years past date of injury. The request a work hardening program is not supported by MTUS guidelines. Therefore, the request for Work hardening program (unspecified visits) is not medically necessary.