

Case Number:	CM14-0216197		
Date Assigned:	01/06/2015	Date of Injury:	04/02/1990
Decision Date:	02/28/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 63 year old female who suffered an unknown work related injury on 04/02/90. Per the physician notes from 10/29/14, she has a history of low back and lower extremity pain. Her prior treatments include radiofrequency ablation, selective nerve root blocks, and medial ranch blocks for the lumbar spine, as well as prior C4-C7 fusion. She has received Physical Therapy of this injury in the past. Her pain is described as a constant dull ache, sharp shooting, throbbing, and stabbing and radiates down the left lower extremity to the knee. Symptoms improve with medication and ice packs and worsen with regular activity and exercise. Pain is rated at 8/10. Ice, heat, a lumbar support orthotic, and physical therapy all reportedly provide only temporary benefit. Physical exam shows limited cervical and lumbar range of motions, with concordant pain with facet loading. Diagnoses include chronic mechanical low back pain, lumbar facet arthropathy, failed neck surgery syndrome, s/p cervical fusion C4-7, cervical and lumbar radiculitis, greater trochanter bursitis, and chronic pain syndrome. She reports her pain is worse over the last month due to shingles and the pain is 'out of control' and she is a 'complete mess.' The treatment plan included Lidoderm patches, Norco, Lyrica, Cymbalta, Meloxicam, Zanaflex, Physical therapy/aqua therapy, to remain off work and consider spinal cord stimulation for long term pain control. The Aqua therapy was denied by the Claims Administrator on 12/22/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x18 visits Lumbar spine: 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, p. 22, AND Physical Medicine, pp. 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, reports indicated that she had completed physical therapy for her lower back but with limited and only temporary benefit. There was no indication seen in the notes made available for review which would suggest she required water-based therapy over land-based therapy. Also, the requested number of sessions of supervised physical therapy (18) is much more than the total recommended, and considering she has already had some physical therapy, the worker should have already been trained how to perform home exercises effectively. Since there was no evidence to suggest this worker was not able to perform home exercises regularly, the aqua therapy x18 for lumbar spine will be considered medically unnecessary.