

Case Number:	CM14-0060297		
Date Assigned:	07/09/2014	Date of Injury:	07/31/2013
Decision Date:	03/13/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	04/30/2014

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: Emergency 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 36 year old female, who sustained an industrial injury on 7/31/2013. The diagnoses have included lumbar spine strain/sprain- unstable, spondylolisthesis L5-S1 with bilateral spondylosis, rule out herniated lumbar disc L5-S1, L4-L5 with radiculitis/radiculopathy, right greater than left. Treatment to date has included physical therapy and aquatic therapy. Per a therapy progress note from 2/24/2014, the injured worker reported improving mobility and strength with pool therapy. The pain was rated 6-7/10. The injured worker reported having constant numbness to the bilateral lower extremities. She was still limited with her daily activities and depended on her back brace for support. According to the Primary Treating Physician's Progress Report from 4/17/2014, the injured worker continued to complain of low back pain radiating into the bilateral lower extremities. She stated that the physical therapy and aquatic therapy were helping with the pain and symptoms. Examination of the lumbar spine revealed pain on extension with straight leg raise remaining positive. There was discomfort to palpation along the distal lumbar segments. Work status was temporarily totally disabled. Authorization was requested for aqua therapy visits. On 4/30/2014, Utilization Review non-certified a request for 12 additional aquatic therapy sessions, noting that there were no significant quantifiable functional gains with the recent 12 sessions of aquatic therapy. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 22. Decision based on Non-MTUS Citation Low Back Complaints, Physical Therapy

Decision rationale: The requested 12 Additional Aquatic therapy sessions are not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, 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." The injured worker has improving mobility and strength with pool therapy. The pain was rated 6-7/10. The injured worker reported having constant numbness to the bilateral lower extremities. She was still limited with her daily activities and depended on her back brace for support. The treating physician has documented examination of the lumbar spine revealed pain on extension with straight leg raise remaining positive. There was discomfort to palpation along the distal lumbar segments. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, 12 Additional Aquatic therapy sessions are not medically necessary. The criteria noted above not having been met, 12 Additional Aquatic therapy sessions are not medically necessary.