

Case Number:	CM14-0060792		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2010
Decision Date:	02/12/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine and is licensed to practice in Arizona. 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 61 year old male with date of injury 11/02/2010. The mechanism of injury is not described in the medical records that are available to me. However on 1/16/2014 it was reported that 5 days prior he missed a step and twisted his back with resultant increase in pain. He is being managed for chronic low back pain with radiculopathy. He has been managed conservatively with NSAID's and trigger point injections to the Sacroiliac joint. The injured worker was seen by his treating physician on 4/3/2014. It is noted that he continues to complain of moderate back and leg pain, left greater than right. His lumbar physical exam revealed restricted and painful range of motion with guarding, hyperextension of the lower back causes radiating pain to the left posterior thigh, there is muscle spasm present, straight leg raising is positive on the left for sitting as well as supine, negative on the right, sensation is decreased for L5-S1 on the left. His diagnoses include L3-4, L4-5 and L5-S1 disc herniations, L5 and S1 radiculopathy. The request is for Physical Therapy 12 visits on the lumbar spine and Pool therapy 12 visits on the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 98-99.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended to help control pain, inflammation and swelling and improve range of motion. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. For radiculitis, 8-10 visits over 4 weeks are recommended. Therefore, the request for 12 visits of physical therapy for the lumbar spine is not medically necessary.

12 visits of Pool Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable like in extreme obesity. A review of the injured workers medical records do not reveal any documentation of circumstances requiring reduced weight bearing for any reason. When aquatic therapy is the option, the guidelines recommend 8-10 visits over 4 weeks for radiculitis. Therefore, the request for 12 visits of aquatic therapy for the lumbar spine is not medically necessary.