

Case Number:	CM15-0100328		
Date Assigned:	06/02/2015	Date of Injury:	04/23/2002
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 4/23/2002. She reported an automobile accident injuring the low back. She subsequently underwent conservative treatments, including epidural injections and underwent a lumbar fusion in 2003 that resulted in left foot drop and right carpal tunnel release in 2011. Diagnoses include bilateral leg pain, post laminectomy syndrome, radiculopathy, myalgia and left foot drop. Treatments to date include activity modification, medication management, physical therapy, and epidural steroid injections. Currently, she complained of ongoing severe low back pain with radiation into bilateral lower extremities, left greater than right and associated with numbness and persistent left leg drop foot. On 4/17/15, the physical examination documented an abnormal gait with weakness in bilateral lower extremities. The plan of care included a spinal cord nerve stimulator and a referral for aquatic therapy pool based program for the next two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer for aquatic therapy pool based program to be utilized on a daily basis for the next 2 years: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002. She underwent a lumbar spine fusion in 2003. She continues to be treated for radiating low back pain and has a persistent left foot drop. When seen, there was decreased lower extremity strength and she presented in a wheelchair. Prior treatments had included aquatic therapy with reported benefit. A spinal cord stimulator is being considered. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has already had aquatic therapy with benefit. Additional skilled therapy on an ongoing basis is not medically necessary. The claimant can continue an independent pool program with consideration of a gym membership with pool access. Therefore, the request is not medically necessary.