

Case Number:	CM15-0101316		
Date Assigned:	06/03/2015	Date of Injury:	10/12/2011
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female, who sustained an industrial injury on October 12, 2011. She reported low back pain and bilateral ankle pain and swelling. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain and bilateral ankle pain, weight gain and decreased range of motion in the lumbar spine. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. March 19, 2015, revealed continued pain as noted. She reported requiring pain medications to maintain function and the ability to perform activities of daily living. Evaluation on May 4, 2015, revealed continued pain as noted. She reported weight gain and bilateral ankle swelling as well as decreased range of motion in the lumbar spine. Aqua therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x3 to the Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with continued bilateral ankle and low back pain. The current request is for aqua therapy 2x3 to the back. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. The patient is not working. MTUS Guidelines page 22, 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 (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 05/04/15, the patient presents with an acute exacerbation of her lower back pain and continued ankle pain with some swelling. Examination of the lumbar spine revealed tenderness to palpation and muscle spasms. Range of motion is restricted, with decreased sensation in the left L5 dermatomal distribution and positive SLR. The treater recommended, "Patient undergo a trial of aqua therapy for her acute exacerbation of back pain. The aqua therapy will provide her some therapeutic exercises in a non-weight bearing environment." Given this patient's lower extremity neuropathy, lower back pain, and swelling in the bilateral ankles, aquatic therapy could be considered a reasonable therapy. There is no indication of prior aquatic therapy; therefore, a trial of 6 sessions is within MTUS guidelines. This request is medically necessary.