

Case Number:	CM15-0109034		
Date Assigned:	06/15/2015	Date of Injury:	12/05/2013
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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, 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 59 year old male, who sustained an industrial injury on 12/5/2013. The current diagnoses are lumbago, herniated disc in the lumbosacral spine, sciatica, lumbar radiculitis, lumbar facet arthropathy, and disc disorder with myelopathy. According to the progress report dated 4/6/2015, the injured worker complains of constant, dull, sharp pain in the low back with radiation down to his right knee. The pain is associated with weakness in the right leg. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles, associated with spasms. There is tenderness noted over the spinous processes and interspinous ligaments. Lumbar facet test, straight leg raising test, and heel-to-toe walk are all positive. There is decreased sensation and motor strength noted in the bilateral lower extremities. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, TENS unit, electrodiagnostic testing, and chiropractic. The plan of care includes 15 aquatic therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 5 weeks for the lumbar spine: Upheld

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 x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Additionally, the requested amount of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.