

Case Number:	CM15-0010795		
Date Assigned:	01/28/2015	Date of Injury:	11/21/2012
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male who sustained a work related injury on November 21, 2012, where he injured his back after a fall in a restaurant working as a cook. Diagnoses include lumbar sacral disc disease with radiculopathy, and adult onset of diabetes mellitus. Lumbar Magnetic Resonance Imaging (MRI) revealed bulging of L3-4 discs. Treatment included anti-inflammatory medications, home exercise program and Transcutaneous Electrical Nerve Stimulation (TENS) unit. He was unable to have epidural steroid injections due to diabetes mellitus. Currently, the injured worker complained of ongoing back pain radiating to the left leg and both feet. Pain with sitting, standing and bending persists. On January 28, 2015, a request for a service of Aquatic Therapy for 2-3 times a week for 4 weeks for the lumbar spine was modified to Aquatic Therapy for 6 sessions for the lumbar spine by Utilization Review, noting the California MTUS, Chronic pain, Aquatic Therapy Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2-3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

Decision rationale: Aquatic therapy 2-3 times a week for 4 weeks for the lumbar spine is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend aquatic therapy as an alternative to land based therapy for conditions such as obesity. The documentation indicates that the patient has a history of a childhood neuromuscular condition affecting his leg with atrophy of the leg as well as obesity. He may benefit from aquatic therapy. The request exceeds the MTUS recommendation guidelines of physical therapy for this condition. The modification made in the prior utilization review for a 6 session trial is reasonable. The ODG Preface Physical Therapy guidelines recommend a 6-visit trial of physical therapy with additional therapy added if needed based on functional improvement. As the current request is for 2-3 times a week for 4 weeks, this exceeds guideline recommendations and is not medically necessary.