

Case Number:	CM15-0116225		
Date Assigned:	07/06/2015	Date of Injury:	06/13/2014
Decision Date:	07/31/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/17/2015

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: Emergency 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 43 year old male who sustained an industrial /work injury on 6/13/14. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbar disc protrusion with annular tear at L3-4 and L4-5 with left nerve root compromise, spondylolisthesis, and bilateral saphenous sensory nerve peripheral neuropathy. Treatment to date included medication, chiropractic treatment, and diagnostics. Currently, the injured worker complained of constant severe low back pain, numbness, tingling, weakness, and cramping that was rated 8/10. Per the primary physician's report (PR-2) on 5/1/15, examination revealed dermatome sensation is intact and equal bilaterally in the lower extremities, motor strength is 5+/5, range of motion is decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm, positive Kemp's bilaterally, as well as positive straight leg raise and Valsalva's pain. The requested treatments include Aquatic therapy and Pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has constant severe low back pain, numbness, tingling, weakness, and cramping that was rated 8/10. Per the primary physician's report (PR-2) on 5/1/15, examination revealed dermatome sensation is intact and equal bilaterally in the lower extremities, motor strength is 5+/5, range of motion is decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm, positive Kemp's bilaterally, as well as positive straight leg raise and Valsalva's pain. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic therapy for 12 sessions is not medically necessary.

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115; ODG, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction.

Decision rationale: The requested pain management referral is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has constant severe low back pain, numbness, tingling, weakness, and cramping that was rated 8/10. Per the primary physician's report (PR-2) on 5/1/15, examination revealed dermatome sensation is intact and equal bilaterally in the lower extremities, motor strength is 5+/5, range of motion is decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm, positive Kemp's bilaterally, as well as positive straight leg raise and Valsalva's pain. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, pain management referral is not medically necessary.