

Case Number:	CM15-0118863		
Date Assigned:	06/29/2015	Date of Injury:	10/25/2000
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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 48 year old male who sustained an industrial injury on 10/25/2000. The injured worker was diagnosed with lumbalgia and status post lumbar fusion. The injured worker is status post anterior and posterior L4-5 fusion in October 2007. Treatment to date has included diagnostic testing, surgery, physical therapy, multiple lumbar transforaminal epidural steroid injections (ESI) and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience low back pain and stiffness with numbness in the left leg and pain in the right leg. The injured worker rates his pain level at 5/10. The injured worker also reports right shoulder pain rated at 8-9/10. Examination demonstrated normal gait and station with decreased range of motion and decreased motor strength for the left foot muscle groups from 2-4/5 and all others tested at 5-/5. Deep tendon reflexes were 2+ in the bilateral lower extremities with 2- beat clonus noted in the bilateral feet. Sensation was grossly intact bilaterally. Left S1 and L5 dermatomes were decreased to light touch with left patellar and left Achilles reflexes at 1/4. The provider noted that the sensation and strength has deteriorated. Current medications are listed as Neurontin, Norco 10/325mg, Methadone 5 mg, Cymbalta, Naprosyn, and Vertifix. Treatment plan consists of lumbar spine flexion and extension X-rays, urine drug screening, increase Methadone and the current request for aquatic therapy for the lower back twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the low back, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section.

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

Decision rationale: Based on the 06/05/15 progress report provided by treating physician, the patient presents with back pain radiating to right leg, and left leg numbness, rated 5/10. The patient is status post L4-5 fusion in October 2007. The request is for AQUATIC THERAPY FOR THE LOW BACK, TWICE WEEKLY FOR SIX WEEKS. Patient's diagnosis per Request for Authorization form dated 06/05/15 includes lumbalgia. Diagnosis on 06/05/15 included two-level disc herniations of the lumbar spine with facet arthrosis causing bilateral lower extremity radiculopathy, discogram with two levels of concordant pain, and exacerbation of chronic lumbosacral spinal pain based on increased physical activity. Physical examination on 06/05/15 revealed a two beat clonus noted in the bilateral feet. S1 dermatome and L5 dermatome demonstrate decreased light touch sensation on the left. Left patellar and Achilles reflexes 1/4. Treatment to date has included surgery, imaging studies, lumbar ESI, and medications. Patient's medications include Cymbalta, Inderal, Methadone, Naprosyn, Norco, Terazosin, Vertifix and vitamin D. The patient is permanent and stationary, per 06/05/15 report. 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. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, treater has not provided medical rationale for the request, nor a precise treatment history. Treater has not discussed why the patient cannot perform land-based therapy or home exercise program. There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. Per 06/05/15 report, treater states the patient's "gait and station examination reveals mid-position without abnormalities." There are no details about the need for the use of specialized equipment, either. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.