

Case Number:	CM15-0119791		
Date Assigned:	06/30/2015	Date of Injury:	04/09/2014
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55-year-old male, who sustained an industrial injury on 4/9/14. He reported low back pain that radiated to right lower extremity. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus and right L5 radiculopathy. Treatment to date has included medication and TENS. Physical examination findings of the lumbar spine on 3/20/15 included paraspinal muscle tenderness, paraspinal muscle spasm, facet tenderness, sacroiliac joint tenderness, and gluteal/sciatic notch tenderness. Lumbar spine range of motion was decreased. Currently, the injured worker complains of low back pain and right leg pain. The treating physician requested authorization for aquatic therapy 3x5 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 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, PT, Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times per week times five weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar intervertebral disc displacement without myelopathy; right L5 radiculopathy; and moderate obesity. The date of injury is April 9, 2014. The injured worker sustained a knee injury and subsequently an injury to the low back. A June 2, 2015 progress note (request for authorization June 3, 2015) is a first encounter by a chiropractor. Documentation indicates the injured worker received six physical therapy sessions and medications. The injured worker returned to work until April 29, 2015. Workup showed HNP at the lumbar spine and the L5 radiculopathy. The injured worker's weight is 315 pounds. BMI is 44.1. The treating provider is requesting aquatic therapy three times a week times five weeks (15 sessions). Although the injured worker's weight is 315 pounds, the treating provider does not provide a clinical rationale for aquatic therapy over land-based physical therapy. The June 2, 2015 evaluation contains an entry regarding six physical therapy visits. There were no physical therapy progress notes the medical record. There was no documentation of objective functional improvement of prior physical therapy in the record. The guidelines recommend a six visit clinical trial (land-based physical therapy or aquatic therapy). The treating provider requested 15 aquatic therapy sessions. Consequently, absent clinical documentation with objective functional improvement of the six prior physical therapy sessions, a clinical rationale for aquatic therapy over land-based physical therapy and an excessive number of aquatic therapy sessions (15 sessions), aquatic therapy three times per week times five weeks to the lumbar spine is not medically necessary.