

Case Number:	CM15-0125944		
Date Assigned:	07/10/2015	Date of Injury:	03/10/2014
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 03/10/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, acupuncture, a lumbar epidural steroid injection, and chiropractic treatments. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbar sprain/strain, lumbar muscle spasm, and lumbar radiculitis vs radiculopathy. In a progress note dated 05/18/15 the treating provider reports the plan of care as physical therapy and aqua therapy, as well as a follow-up with pain management. The requested treatments include physical therapy and aqua therapy, as well as a follow-up with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

Decision rationale: CA MTUS states that chronic pain programs are recommended for patients with conditions that put them at risk of delayed recovery. In this case, the claimant has already been evaluated by a pain management specialist and follow-up is requested following his requested aquatic and PT therapy. However, as the concurrent requests for PT and Aquatic therapy are not supported, the request for pain management follow-up is not indicated. The claimant is approximately 5 years post the MVA which caused a lumbar sprain, so the risk of delayed recovery is no longer an issue. The claimant should be versed in a home exercise program for his lumbar spine which should be continued. The request for pain management follow-up is deemed not medically necessary.

Aquatic therapy for 12 sessions to the lumbar spine, 3x4: 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 Aquatic therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight-bearing is desirable, for example in cases of extreme obesity. The request is for 12 sessions of aquatic therapy for the diagnosis of lumbar sprain reported on 3/10/2014. The medical necessity for an aquatic program is not supported by the medical data submitted. The claimant does not suffer from extreme obesity necessitating decreased weight bearing. The request for 12 sessions exceeds guidelines. In addition, the claimant has had previous sessions of aquatic therapy with no documentation of pain relief or increased function. Therefore, the request is deemed not medically necessary.

Physical therapy for 12 sessions to the lumbar spine, 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: CA MTUS states that active physical therapy (PT) is based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The claimant has chronic lumbar pain secondary to an injury in 2010 that was diagnosed as a lumbar sprain. He has undergone previous courses of PT with no documented improvement in pain relief or function. The request for further PT is not supported by the medical data submitted. Further, the request for 12 sessions exceeds the MTUS Guidelines of 8-10. Therefore, the request is deemed not medically necessary.