

Case Number:	CM15-0126549		
Date Assigned:	07/13/2015	Date of Injury:	05/11/2009
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on May 11, 2009. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP) and stenosis. Treatment to date has included oral and topical medication, magnetic resonance imaging (MRI) and lumbar decompression. A progress note dated May 26, 2015 provides the injured worker complains of increased low back pain with right leg pain and weakness. He reports now having pain when lying down. Physical exam notes decreased lumbar sensation and spasm. The plan includes lumbar epidural steroid injection, aqua therapy and Percocet and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (acute & chronic) - Aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury and May 2009 and continues to be treated for low back pain and right lower extremity pain and weakness. When seen, he was having worsening symptoms. Physical examination findings included decreased lower extremity sensation and positive straight leg raising. There were lumbar spasms. Medications were refilled. Authorization for an epidural injection and 12 sessions of aquatic therapy was requested. The claimant's BMI is over 26 and he has a reported 15 pound weight gain since stopping work. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.