

Case Number:	CM15-0129920		
Date Assigned:	07/16/2015	Date of Injury:	02/12/2005
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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 69 year old female, who sustained an industrial injury on 2/12/05. The injured worker has complaints of low back pain radiates into the lower extremities, left greater than right and has numbness and tingling in the left leg and describes pain radiating to the lateral and posterior aspect of the left leg to the knee. The documentation noted that there is moderate cervical paraspinal muscle tenderness to palpation and cervical range of motion is limited in all planes. Left shoulder range of motion was limited in all planes and moderate tenderness to palpation to lumbar paraspinal muscles. The documentation noted straight leg raise test was positive on left and negative on the right and there was moderate posterior knee muscle tenderness to palpation bilaterally. The diagnoses have included chronic neck pain secondary to cervical degenerative disc disease; left shoulder pain secondary to degenerative joint disease; left knee pain status post total knee replacement and chronic low back pain. Treatment to date has included pool therapy; magnetic resonance imaging (MRI) lumbar spine on 10/29/10 showed degenerative spondylolisthesis at L4, L5 with severe spinal stenosis at this level and moderate bilateral neural foraminal narrowing likely compressing the exiting L4 nerve roots and there is also likely compression of the exiting left L5 nerve root; physical therapy; tramadol; atorvastatin; zoloft and ranitidine. The request was for 4 aquatic therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 aquatic therapy sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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 has a remote history of a work-related injury and is being treated for radiating neck and low back pain. When seen, there had been benefit from 4 physical therapy sessions. When seen, there was an antalgic gait with a cane. She was in mild to moderate distress. There was decreased left shoulder and cervical and lumbar spine range of motion. There was decreased left lower extremity strength and sensation. There was cervical and lumbar paraspinal muscle tenderness. There was moderate knee tenderness. 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 has an antalgic gait and lumbar spinal stenosis with spondylolisthesis 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. In this case, four treatments are being requested which would not be considered an adequate trial. The request is not medically necessary.