

Case Number:	CM15-0170396		
Date Assigned:	09/10/2015	Date of Injury:	12/22/2014
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 22, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator partially approved requests for 12 sessions of aquatic therapy as 6 sessions of the same and denied an orthopedic referral outright. The claims administrator referenced an RFA form received on August 11, 2015 and an associated progress note of July 23, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and, furthermore, mislabeled as originating from the MTUS. The claims administrator did, however, approve a dietary consultation for weight loss, noting that the applicant's BMI was 45. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant was placed off of work, on total temporary disability. Vicodin was endorsed. The applicant was asked to pursue a dietary consultation. The attending provider suggested that the applicant consider an epidural steroid injection and/or an orthopedic spine surgery consultation. The attending provider contended that the applicant had a radiographically-confirmed radiculopathy with disk herniation at the L5-S1 level causing S1 nerve root compression and moderate right-sided neuroforaminal stenosis and marked right lateral recess stenosis. The attending provider suggested that the applicant pursue a spine surgery consultation to further evaluate the same and/or consider surgical options. The applicant was described as severely obese with a BMI of 45. The applicant was nevertheless independently ambulatory without any assistive device, it was reported. The applicant did move slowly, it was acknowledged. The applicant's medications included Neurontin and Vicodin. On

July 23, 2015, the attending provider contended that the applicant's low back pain complaints could, at times, diminish the applicant's sitting, standing, and walking tolerance. The applicant was not working, it was acknowledged. The applicant had gained a great deal of weight recently, it was reported. The applicant was on Neurontin and Vicodin, it was acknowledged. The applicant was again described as independently ambulatory, admittedly with an antalgic and slowed gait. An epidural steroid injection and/or a spine surgery consultation were considered. The attending provider suggested that a surgical consultation would be beneficial to formulate potential surgical treatment options. Vicodin was renewed. The applicant was placed off of work, on total temporary disability. Twelve sessions of aquatic therapy was sought on the grounds that the applicant could not tolerate land-based therapy. It was not clearly stated whether the applicant had or had not had prior aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 12 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Aquatic therapy, Physical Medicine.

Decision rationale: No, the request for 12 sessions of aquatic therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as was seemingly the case here, this recommendation is qualified by commentary made on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a general course of therapy for radiculitis, i.e., the operating diagnosis present here, is 8-10 sessions and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request for 12 sessions of aquatic therapy represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the operating diagnosis present here. The lengthy, 12-session course of aquatic therapy, furthermore, did not contain a proviso for the attending provider to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before continuing treatment. The request, thus, as written, was at odds with both pages 8 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Referral to ortho: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Introduction.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Conversely, the request for referral to orthopedics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding risks, benefits, expectations, etc., is very important. Here, the requesting provider suggested on July 23, 2015 that the applicant had a large disk herniation at the L5-S1 level. The requesting provider did state that the applicant could consider surgery to ameliorate the same. Moving forward with the proposed orthopedic consultation, thus, was indicated, given the large disk herniation present at the L5-S1 level and the attending provider's commentary to the effect that the applicant was potentially considering surgery to ameliorate the same. Therefore, the request is medically necessary.