

Case Number:	CM15-0027783		
Date Assigned:	02/20/2015	Date of Injury:	01/08/2013
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on 1/08/2013. The diagnoses have included spinal stenosis, lumbar region, without neurogenic claudication. Treatment to date has included operative and conservative measures. Currently, the injured worker complains of chronic low back pain and limited range of motion of his lumbar spine. He completed physical therapy and transitioned to home exercise program, noting a reduction in pain. He did not wish to attend a functional restoration program. Electromyogram and nerve conduction studies of bilateral lower extremities (10/10/2013) were referenced as showing bilateral multi-level lumbar radiculopathy at L5 and S1 levels and bilateral diabetic polyneuropathy. Normal muscle tone was noted in all extremities and strength was 5/5 throughout. Tenderness to palpation was noted at the lumbosacral junction and over the facet joints. Range of motion in the lumbar spine was decreased by 30%. Pain medications were utilized as needed and urine drug screen (10/07/2014) was documented as negative for all entities. Aquatic therapy was recommended for 12 sessions. On 1/19/2015, Utilization Review non-certified a request for aquatic therapy, 12 sessions for low back, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 12 sessions, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Aquatic therapy Page(s): 22, 98-99.

Decision rationale: The 73 year old patient presents with pain in the lower back, as per progress report dated 12/30/14. The request is for AQUATIC THERAPY 12 SESSIONS LOW BACK. There is no RFA for this case, and the patient's date of injury is 01/08/13. Medications include Buprenorphine, Gabapentin, Nabumetone, Pantoprazole-protonix, Trazodone, Glipizide, Hydrochlorothiazide, Ibuprofen, Metformin, Naproxen and Lisinopril. Diagnoses included lumbosacral spondylosis and lumbar spinal stenosis. The pain is rated at 3/10, as per progress report dated 12/02/14. The patient is not working, as per progress report dated 12/30/14. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."In this case, the patient suffers from low back pain and has completed 12 sessions of physical therapy before transitioning into a home exercise program, as per progress report dated 12/30/14. The treater and physiotherapist are now recommending 12 sessions of aquatic therapy "to reduce lumbosacral tension, improve trunk mobility and improve core stabilization." However, there are no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Additionally, MTUS only allows for 8-10 sessions. The treater's request for 12 sessions is excessive and IS NOT medically necessary.