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| Case Number: | CM15-0040121 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 05/26/2014 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 41-year-old female who reported injury on 05/26/2014. The mechanism of injury was not provided. Prior therapies included four lumbar epidural steroid injections, two facet blocks, and one rhizotomy. The documentation of 01/20/2015 revealed the injured worker had a constant pain in the low back and hips that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The physical examination revealed standing flexion and extension were guarded and restricted. There was noted to be tingling and numbness in the lateral thigh and anterolateral and posterior leg as well as foot in an L5 and S1 dermatomal pattern. There was 4/5 strength in the EHL and plantar flexors, which were noted to be L5 and S1 innervated muscles. Ankle reflexes were asymmetric. The diagnoses included sprain of hip and thigh NOS and lumbar disc displacement. Additionally, it was indicated the seated nerve root test and faber test were positive. The injured worker had palpable paravertebral muscle tenderness with spasm in the hips. The treatment plan included a refill of medications, which were not noted. The request was made additionally for aquatic therapy 2 times a week for 4 weeks. There was a Request for Authorization submitted for review dated 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 per week for 4 weeks - Lower back area, lumbar and/or sacral vertebra:
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; Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy when there is a need for reduced weight bearing and the treatment for myalgia and myositis and neuralgia, neuritis and radiculitis is up to 10 visits. The clinical documentation submitted for review failed to provide documentation of objective functional deficits. There was a lack of documentation indicating the injured worker had a necessity for reduced weight bearing. Given the above, the request for Aqua Therapy 2 per week for 4 weeks - Lower back area, lumbar and/or sacral vertebra is not medically necessary.