

Case Number:	CM15-0065138		
Date Assigned:	04/13/2015	Date of Injury:	06/13/2014
Decision Date:	05/21/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 43 year old male, who sustained an industrial injury on 06/13/2014. He reported injury to his back. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain and lumbar myospasm. Treatment to date has included medications, physiotherapy and a home exercise program. According to a progress report dated 02/27/2015, the injured worker complained of constant severe, achy, sharp, throbbing low back pain, stiffness, heaviness, numbness, tingling, weakness and cramping. Pain was rated 8 on a scale of 1-10. Diagnoses included lumbosacral sprain/strain, lumbar muscle spasm, sprain sacroiliac joint left, lumbar disc protrusion with annular tear at L3-4 and L4-5 with left nerve root compromise per MRI, spondylolisthesis lumbar of L5/S1 per x-ray and bilateral saphenous sensory nerves peripheral neuropathy. Currently under review is the request for aqua therapy x 12 sessions and IF 4000 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22 and 98-99.

Decision rationale: Aqua therapy x12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. For recommendations on the number of supervised visits, the MTUS states that aquatic therapy visits follow the MTUS physical medicine recommendations. The documentation does not indicate that the patient is unable to perform a home exercise obesity land based therapy program. The patient has participated in prior physical therapy and should be well versed in an independent home exercise program. The request exceeds the MTUS physical medicine recommendations of up to 10 visits for this condition. The request for aqua therapy is not medically necessary.

IF 4000 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: IF 4000 Unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential Unit. The request IS NOT medically necessary.