

Case Number:	CM15-0066436		
Date Assigned:	04/14/2015	Date of Injury:	10/22/2008
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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 46 year old female, who sustained an industrial injury on 10/22/2008. She reported injury to the back when pulling out a large rack of bread from an oven. Diagnoses include failed lumbar back surgery syndrome, stenosis, radiculopathy and lumbar discogenic spine pain. She is status post two lumbar surgeries in 2011 and 2012. Treatments to date include medication management, physical therapy, aquatic therapy, and epidural steroid injections. Currently, she complained of back pain with radiation to lower extremity and sciatica pain. On 3/24/15, the physical examination documented an antalgic gait and pain with lumbar motion. The plan of care included aquatic physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Physical Therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating into the left buttock and left thigh. The request is for 12 aquatic physical therapy visits for the lumbar spine. Patient is status post two lumbar surgeries, 02/25/11 and 06/11/12. Patient's diagnosis, per 02/10/15 progress report include sleep apnea, obesity, and spinal stenosis of lumbar region. Patient's medications, per 03/24/15 progress report include Diazepam, Duloxetine, Gabapentin, Lisinopril, Metformin, Omeprazole, and Percocet. Patient's work status was not specified. 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 progress report dated 03/24/15, treater states that the patient may benefit from a water aerobics program. Review of the reports show that the patient has had 5 sessions of therapy. There is no discussion as to how the patient did from therapy and why additional therapy is needed. There is no mention as to why reduced weight bearing exercises are necessary and no extreme obesity is documented to warrant water therapy. Furthermore, MTUS supports no more than 8-10 sessions of therapy for the kind of condition this patient is suffering from. The request is not medically necessary.