

Case Number:	CM15-0092055		
Date Assigned:	05/18/2015	Date of Injury:	04/23/1999
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 55 year old male who sustained an industrial injury on 04/23/1999. Mechanism of injury was not documented. Diagnoses include lumbar strain/sprain, and radiculopathy, depression and anxiety. Treatment to date has included diagnostic studies, medications, steroid injections, physical therapy, and psychotherapy. A Magnetic Resonance Imaging of the lumbar spine that was done on 01/13/2015 and revealed multilevel disc protrusions. Right paracentral/subarticular 5mm disc extrusion extending caudally at L4-5 superimposed on mild circumferentially bulging disc, significantly displacing and possible impinging upon the descending right L4 nerve roots. There is broad based right foraminal/extraforaminal 4mm disc protrusion at L3-4 superimposed on a circumferentially bulging disc with moderate right and mild left neural foraminal narrowing along with significant displacement of the exited right L3 nerve roots laterally. There is circumferentially bulging discs at L2-3, L5-S1 with central 2mm disc protrusion at L2-3 and eccentricity to the right at L5-S1 resulting in mild bilateral L2-3 and mild right L5-S1 neural foraminal narrowing. A physician progress note dated 04/13/2015 documents the injured worker complains of low back pain with radiation to both lower extremities. He ambulates with and antalgic gait, and uses a cane. In a physician progress note dated 04/01/2015 the injured worker complained of increased low back pain radiating into the right lower extremity with numbness and weakness. There was spasm, tenderness and guarding noted in the paravertebral musculature of the lumbar spine with decreased range of motion on flexion and extension. He has difficulty with right knee flexion and extension as well as toe and heel walking on the right side. The injured worker has

attempted physical therapy but has difficulty bearing weight on his right leg and knee. Aquatic therapy would allow him to increase his range of motion and functioning without putting additional pressure on his lower back and right lower extremity. The treatment plan includes increasing Tylenol # 4 and reordering Gabapentin. Treatment requested is for Aqua therapy, lumbar spine, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy, lumbar spine, 12 sessions is not medically necessary and appropriate.