

Case Number:	CM15-0094551		
Date Assigned:	05/21/2015	Date of Injury:	10/18/2013
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male, who sustained an industrial injury on 10/18/2013 when his back locked up and was unable to move legs. He was diagnosed with bulging disc at L3-L4, L4-L5 and L5 and S1. On provider visit dated 03/04/2015 the injured worker has reported constant neck pain, left shoulder/arm pain, right shoulder/arm pain, and numbness and tingling in his hands. He was also noted to have constant pain in lower back, buttocks, hips and legs. On examination the injured worker was noted to have an antalgic gait. Cervical spine revealed bilateral paraspinal tenderness at C2 through C6 and tenderness along the greater occipital nerve and range of motion was noted as decreased. Lumbar spine was noted as having diffuse tenderness and a decreased range of motion. The diagnoses have included cervical, thoracic and lumbar sprain/strain, multilevel lumbar spondylosis and acute lumbosacral sprain/strain with radiation to bilateral buttock. Treatment to date has included physical therapy, injections and medications. The provider requested 6 visits of aquatic therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of aquatic therapy for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be chronic pain including chronic low back, buttock, hip, and leg pain. When seen, he was having difficulty standing and transitioning positions. He had an antalgic gait with poor posture. There was decreased and painful lumbar spine range of motion with decreased lower extremity strength. Authorization for 12 land-based physical therapy sessions as well as six aquatic treatment sessions was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant was also referred for land-based therapy treatments. Requesting aquatic therapy at this time without assessing his response to conventional treatment was not medically necessary.