

Case Number:	CM15-0096636		
Date Assigned:	05/27/2015	Date of Injury:	05/14/2013
Decision Date:	06/25/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/19/2015

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 37 year old female, who sustained an industrial injury on 05/14/2013. On provider visit dated 04/27/2015 the injured worker has reported ongoing radicular pain. On examination of the injured worker was noted to be in obvious discomfort. Gait was noted as antalgic slow. She was noted to have pain to palpation throughout her lumbar musculature with muscle rigidity. A decreased range of motion was noted secondary to pain. Positive straight raise on the left and sensory exam revealed decreased L4-S1 dermatome on the left pinwheel compared to right. Absent left patellar reflexes were noted. The diagnoses have included status post lumbar fusion, March 2014 with residuals and left lumbar radiculitis. Treatment to date has included medications, physical therapy and acupuncture. The provider requested 8 Aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98-99; 22. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. 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) Chronic Pain, p87.

Decision rationale: The claimant sustained a work-related injury in May 2013 and underwent a lumbar fusion in March 2014. She continues to be treated for low back pain. When seen, her BMI was over 28. There was decreased lumbar range of motion with positive straight leg raising and an antalgic and slow gait. There is a post-operative treatment period of 6 months after the surgery that was performed and therefore the claimant is being treated under the chronic pain guidelines. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant is obese and a trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not considered medically necessary.