

Case Number:	CM15-0098301		
Date Assigned:	05/29/2015	Date of Injury:	05/13/2003
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: Emergency 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 54 year old male, who sustained an industrial injury on 5/13/03. He has reported initial complaints of a lumbar injury. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar spinal stenosis, spinal radiculopathy and facet arthropathy. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, caudal epidural, pain management, and physical therapy and aqua therapy. Currently, as per the physician progress workers compensation follow up report note dated 4/16/15, the injured worker is status post lumbar epidural injection done 3/25/15. He reports 75 percent improvement possibly 80 percent but overall he has improved significantly and is taking his medications. The physician notes that he wants him to do some water therapy. The physical exam of the lumbar spine reveals paraspinal spasm, tenderness to palpation over the lumbar spine, he walks with a flexed lumbar spine, there is improved cadence and stride length, and he exhibits less radicular pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/29/14 revealed disc bulge, facet hypertrophy, stenosis, grade I anterolisthesis with disc bulge, facet hypertrophy and bilateral lateral recess narrowing and moderate foraminal stenosis. The current medications included Norco and Tizanidine. There was no urine drug screen reports noted in the records and there was no previous aqua therapy sessions or physical therapy sessions noted in the records. The treatment plan was to continue with water therapy, medications and return visit to assess progress. The physician requested treatment included 12 Sessions of Aqua Therapy 2 Times a Week for 6 Weeks for Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aqua Therapy 2 Times A Week for 6 Weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy including Aqua Therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions and at least 8 aqua therapy sessions was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many total land physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during sessions. Maximum number of therapy sessions recommended by MTUS guidelines is 10 sessions. Patient has completed 8 prior sessions and has requested 12 additional sessions which exceed guidelines. Documentation fails to support additional Aqua therapy sessions. Additional 12 Aqua Therapy sessions are not medically necessary.