

Case Number:	CM15-0099480		
Date Assigned:	06/02/2015	Date of Injury:	01/08/2013
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 60-year-old female sustained an industrial injury to the neck and back on 1/8/13. Previous treatment included magnetic resonance imaging, electromyography, chiropractic therapy, massage, ultrasound, epidural steroid injections, heat/ice and medications. Magnetic resonance imaging lumbar spine (4/6/15) showed foraminal stenosis, an annular disc tear and degenerative disc disease. In a consultation dated 4/13/15, the injured worker complained of neck and low back with radiation to the hips and right leg associated with numbness. The injured worker rated her pain 8-9/10 on the visual analog scale. Current diagnoses included right lumbar spine radiculopathy, lumbar myofascial strain, right plantar fasciitis, lumbar stenosis, lumbar degenerative disc disease, lumbar facet arthropathy, cervical myofascial strain and bilateral occipital neuralgia. The treatment plan included aqua therapy twice a week for eight weeks, bilateral lower extremity electromyography and medications (Naproxen Sodium, Tramadol, Lyrica and Prednisone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua and physical therapy to the lumbar spine QTY: 16: Upheld

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

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 January 2013. She was seen on 04/13/15. She was having neck, right hip, low back, and lower extremity pain. Physical examination findings included cervical and paraspinal muscle tenderness with increased muscle tone. There was decreased spinal range of motion. There was positive straight leg raising and crossed straight leg raising on the right. Right lumbar facet loading was positive. Physical therapy two times per week for eight weeks as well as aquatherapy two times per week for eight weeks 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, there is no identified co-morbid condition and she has also been referred for land-based therapy. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. For these reasons, the request is not medically necessary.