

Case Number:	CM14-0145982		
Date Assigned:	09/12/2014	Date of Injury:	11/18/2013
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year-old female with an injury date of 11/18/13. Based on a 07/15/14 progress report provided by [REDACTED] the patient complains of low back pain that radiates to the left leg. Physical examination to the lumbar spine reveals decreased range of motion, especially on extension 10 degrees. Straight leg raising is positive on the left. The treating physician recommends aquatic therapy because the patient reported that land-based therapy was ineffective, since it placed too much stress on her back. Multiple physical therapy treatment reports are noted from 04/02/14 - 04/21/14 per the treating physician's report dated 07/15/14. The patient is continuing with physical therapy, home exercises and working in a light duty capacity. MRI of the Lumbar Spine on 03/29/14 shows:- Disc bulge and vertebral ridging at L5-S1 level with central protrusion. - These findings cause mild central stenosis - Degenerative facet changes of the lower lumbar spine. Diagnoses as of 07/15/14:- History of lumbosacral strain.- Lumbar degenerative disc disease.- Central left-sided disc herniation at L5-S1- Persistent back, left lower extremity radicular pain [REDACTED] is requesting Aquatic Physical Therapy 3 x 3 visits for the Lumbar Spine. The utilization review determination being challenged is dated 08/07/14. The rationale is "the records do not establish that the patient is extremely obese, or is unable to tolerate land-based physical therapy." [REDACTED] is the requesting provider and he provided treatment reports from 03/04/14 - 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 3x3 Visits for the Lumbar Spine: Upheld

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

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

Decision rationale: The patient presents with low back pain that radiates to the left leg and has a history of lumbosacral strain. The request is for Aquatic Physical Therapy 3 x 3 visits for the Lumbar Spine. Patient's diagnoses include Lumbar degenerative disc disease and central left-sided disc herniation at L5-S1. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. MTUS pages 98, 99 have the following Physical Medicine Guidelines: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.- Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks- Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per the progress report dated 07/15/14, the treating physician mentioned that land based therapy caused too much stress on patient's back. It is stated that patient had multiple physical therapy visits which were ineffective. However, the total number of physical therapy visits has not been documented. Per physical exam dated 07/15/14, patient is 5' 5" and weighs 160 lbs., which would give her a Body Mass Index of 26.6, indicating her to be in the Overweight category, and not extremely obese. The request does not meet MTUS indications and total number of physical therapy visits has not been specified. The request is not medically necessary.