

Case Number:	CM14-0156976		
Date Assigned:	10/07/2014	Date of Injury:	07/01/2014
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 & 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 37 year old female with an injury date of 06/05/14. Based on the 8/22/14 progress report provided by [REDACTED] the patient complains of low back pain radiating down the right lower extremity. The pain has been constant and has become worse over time. The pain is described as tingling, numbness and spasms. An MRI scan was done 08/07/14 on the lumbar spine which revealed "a moderately large herniated nucleus pulposus on the right L4-5, with degenerative disc changes in the L4-5 disc." Sensory exam was intact and equal to pinprick in all four extremities and in all lumbar dermatomes. Motor exam shows full power to resistive testing in all four extremities. The diagnoses are as follows: 1) Lumbar herniated Disc 2) Lumbar radiculopathy 3) Degenerative lumbar disc. Dr. [REDACTED] is requesting 12 Aqua/physical therapy for the lumbar spine. The utilization review determination being challenged is dated 08/29/14. [REDACTED] is the requesting provider. Additional treatment reports are provided dated 07/01/14 - 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua/Physical Therapy visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding aquatic therapy; physical medicine. Page(s): 22; 98-99,.

Decision rationale: The patient presents with severe right -sided sciatica and moderately large herniated nucleus pulposus on the right L4-5. Also, patient has a BMI of 32. The request is for aquatherapy 12 sessions for L-spine. The request was denied by utilization review letter dated 08/29/14. The rationale was "the current physical exam findings do not suggest significant functional deficits over the lumbar spine that would warrant aqua/physical therapy." MTUS page 22 regarding aquatic therapy states that it is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to reserve most of these gains. (Tomas-Carus, 2007)" For the number of treatments, MTUS allows 9-10 sessions for myalgia, myositis, and neuralgia/neuritis type of conditions. In this case, the requested 12 sessions exceeds what is allowed by MTUS for number of treatments. The patient is obese and may benefit from water therapy, but the treater does not explain the rationale and why the patient is unable to handle home exercises. The treater does not explain why a reduced weight-exercises are needed at this point. Recommendation is for denial.