

Case Number:	CM14-0171788		
Date Assigned:	10/23/2014	Date of Injury:	05/07/2014
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 52-year-old female who felt pain in her back while getting into a van on May 8, 2014. Her physical exam revealed tenderness to palpation of the lumbosacral spine, reduced range of motion, tenderness to palpation of the left sacroiliac joint, a positive straight leg raise test on the left and normal strength and reflexes in the lower extremities. She has been treated with oral opioids and muscle relaxants. She has had 12 sessions of physical therapy per the previous utilization review note. An MRI scan of the lumbar spine revealed a broad-based disc bulge, 3 mm in size, at L3-L4 with mild facet hypertrophy resulting in mild bilateral neuroforaminal stenosis, and a grade 1 anterolisthesis at L4-L5 with moderate bilateral facet hypertrophy resulting in mild to moderate bilateral neuroforaminal stenosis. The diagnoses include lumbago, back spasm, and lumbosacral radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Aquatic therapy 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. In this instance, there is no indication that the effects of gravity need to be minimized for effective physical therapy as there is no documented evidence of extreme obesity or osteoarthritis of the knees or hips. Per the referenced guidelines, the request for 8 Sessions of Aquatic Therapy is not medically necessary.

LSO Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

Decision rationale: Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Lumbar supports are not recommended for back injury prevention. In this instance, there is MRI documentation of a significant anterolisthesis in that it may be contributing to the injured worker's neurologic symptoms. Therefore, an LSO brace is medically necessary.