

Case Number:	CM13-0001104		
Date Assigned:	11/22/2013	Date of Injury:	01/02/2013
Decision Date:	01/29/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 38-year-old male with a work-related injury to his low back on 1/2/13. The patient was treated with conservative care, underwent a microdiscectomy procedure in February 2013 and was postoperatively treated with PT and meds. Treating doctor's note on 6/12/13 reveals that patient complains of tightness and stiffness only in the low back and bilateral lower extremities. Exam findings reveal normal gait and restricted flexion of the lumbar spine with 20 degrees of flexion, reduced sensation in S1 dermatome distribution with positive sciatic stretch sign and weakness of lumbosacral muscles. The patient is 5'9" and 190 lbs. The diagnosis is status post lumbar laminectomy and discectomy and lumbar disc herniation. The patient was prescribed topical medications and recommended for a supervised pool therapy program for the lumbar spine, 2 times a week for 6 weeks and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

A supervised, formal pool therapy program, 2 x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Aquatic Therapy and Physical Medicine Page(s): 22,97.

Decision rationale: Chronic Pain guidelines recommend aquatic therapy where buoyancy would be beneficial for treatment. The number of sessions is specified in the physical medicine guidelines. The request is to increase strength first in an aquatic setting and then move to a land-based physical therapy. There is no protocol or goals given in the request, other than "supervised program." Guidelines allow for 9-10 sessions over 8 weeks of therapy. The request for 12 sessions exceeds guidelines. Fewer sessions would be appropriate with evaluation as to functional improvement to consider additional treatment. Therefore, as this request exceeds guidelines, it is not medically necessary.