

Case Number:	CM13-0012099		
Date Assigned:	12/11/2013	Date of Injury:	09/30/2005
Decision Date:	02/07/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 73 year old male who reported an injury on 09/30/2005. The mechanism of injury was not submitted. The patient was diagnosed with status post AP fusion at L4-5 and L5-S1 on 02/05/2009 with pseudoarthrosis at L5-S1, status post exploration of spinal fusion at L4-5 and L5-S1 with removal of instrumentation and re-instrumentation on 07/08/2010, marked neuroforaminal stenosis at L3-4 and L4-5, lumbosacral spondylosis, degenerative disc disease, and status post L3-4 XLIF with facet screws, 06/27/2013. The clinical documentation dated 07/15/2013 stated the patient continued to complain of low back pain at 9-10/10 that radiates down the left posterior/anterior thigh, anterior calf and ankle exacerbated by walking and sitting for greater than 40 minutes. The patient has deferred range of motion, intact sensation, 5/5 strength in bilateral lower extremities, and 4/5 right hip flexion. The patient was recommended aquatic therapy. The patient is taking pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) aquatic therapy sessions 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 Aquatic Therapy Section, Physical Medicine Section Page(s): 22, 98-99.

Decision rationale: The California MTUS states aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy with a self-directed home exercise program. The patient had extensive lumbar surgeries and continued to complain of pain. However, the clinical documentation submitted for review stated the patient had not started his home exercise program as recommended by the guidelines to be done adjunct with physical therapy. Also, the guidelines recommend 8-10 visits over 4 weeks. The request exceeds the guideline recommendations. As such, the request is non-certified.