MAXIMUS Federal Services

Case Number:	CM13-0019306		
Date Assigned:	10/11/2013	Date of Injury:	12/29/2011
Decision Date:	02/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal 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:

This patient is a 41 year old male, date of injury 12-29-11. Primary diagnosis is status post lumbar microdiscectomy L4-5. Mechanism of injury was - fall injuring low back. Operative report 03-13-13 documented bilateral L4-5 hemilaminotomies and microsurgical discectomies with medial facetectomies and foraminotomies performed by [redacted]. Progress Report 10-16-13 by [redacted] documented subjective complaints of low back pain, radiating to left lower extremity. Objective findings included positive slump test, 4/5 muscle strength, paraspinal muscle tenderness, weight 180 lbs, height 66 inches, BMI 29. Diagnoses were displacement of lumbar intervertebral disc, lumbosacral radiculitis, lumbar spinal stenosis, muscle spasm, postlaminectomy syndrome of lumbar region. Treatment plan included Nucynta, Gabapentin. Physical Therapy Progress Note 07-10-13 by [redacted], physical therapy documented that the patient had received 20 physical therapy visits. Utilization review dated 08-21-13 by [redacted] recommended Non-Certification of the request for postop aquatherapy lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Aqua-therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: MTUS guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Patient weighed 180 pounds BMI 29 and was not obese. There are no specific indications for aquatic therapy. MTUS guidelines recommends 8-10 physical therapy (PT) visits for neuralgia, neuritis, and radiculitis. ODG guidelines recommend 16 PT visits for post-surgical treatment (discectomy/laminectomy). Bilateral L4-5 hemilaminotomies and microsurgical discectomies with medial facetectomies and foraminotomies surgery was performed 03-13-13. Physical Therapy Progress Note 07-10-13 documented that the patient had received 20 PT visits. Patient has already received a number of PT visits in excess of the MTUS and ODG guideline recommendations. Guidelines and available medical records do not support the medical necessity of additional post-op aqua-therapy and physical therapy. Therefore, the request for post-op aqua-therapy for the lumbar spine is not medically necessary.