

Case Number:	CM13-0023368		
Date Assigned:	11/15/2013	Date of Injury:	06/16/2009
Decision Date:	02/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas and 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 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 64-year-old male who reported an injury on 06/16/2009 that ultimately resulted in an L4-5 anterior/posterior fusion. The patient had extensive postoperative physical therapy. The patient continued to have L3-4 radiating pain that was managed with injection therapy and medications. The patient's most recent clinical evaluation revealed the patient had tenderness to palpation over the left paralumbar musculature and superior iliac spine with positive pelvic compression test to the left. The patient had limited lumbar range of motion described as 35 degrees in flexion, 5 degrees of extension, and 10 degrees in right and left lateral flexion. The patient had hyperesthesia over the right lateral thigh and dorsum of the left foot. The patient's diagnoses included moderate to severe spinal stenosis at the L3-4 level, severe degenerative disc disease at the L5-S1, lumbar spondylosis with hypertrophic facet joints, left sacroiliac joint pain, and status post L4-5 anterior posterior fusion with residual low back pain. The patient's treatment plan included an epidural steroid injection at the L3-4 level, continuation of medication usage, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, Low Back; Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Physical Therapy Page(s): 22.

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

Decision rationale: The requested Aquatic Therapy, Low Back; Qty 6 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has ongoing low back pain. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients that would benefit from a non-weight-bearing environment while participating in active therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires a non-weight-bearing environment. The clinical documentation submitted for review includes prior physical therapy notes that support that the patient can tolerate land-based therapy and participates in a home exercise program. Therefore, aquatic therapy would not be indicated. As such, the requested Aquatic Therapy, Low Back; Qty 6 is not medically necessary or appropriate.