MAXIMUS Federal Services

Case Number:	CM13-0033270		
Date Assigned:	12/06/2013	Date of Injury:	10/01/2005
Decision Date:	01/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pulmonary Diseases, 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 42-year-old male who reported injury on 10/01/2005. The mechanism of injury was stated to be the patient was moving a filing cabinet that weighed approximately 200 pounds. The patient was noted to have a decompression of spinal cord equina and nerve root single segment lumbar right L4, osteotomy of the spine posterior or posterolateral approach vertebral segment lumbar bilateral L4-5, and laminectomy, facetectomy, and foraminotomy with decompression of cauda equina and nerve root lumbar L4-5 along with neuroplasty of the lumbar plexus on 05/30/2013. The patient was noted to have isolated right-sided low back pain. The diagnosis was noted to be 3 months status post lumbar spine decompression. The request was made for a prospective request for 12 aquatic therapy sessions between 08/28/2013 and 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 aquatic therapy sessions between 8/28/2013 and 11/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Aquatic Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98 & 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for neuralgia, neuritis, and radiculitis is 8 visits to 10 visits. The clinical documentation submitted for review indicated that the patient was doing well with the surgery. The physical examination revealed the patient had sensation intact to lower extremities bilaterally. Motor strength was noted to be intact in the lower extremities bilaterally. The straight leg raise test was noted to be negative in the lower extremities bilaterally. The patient was noted to have tenderness on the right side of the lumbar spine. The request was made for aquatic therapy as the physician indicated this type of therapy was noted to have shown significant success in patients recovering from this type of surgery. However, clinical documentation submitted for review failed to provide the patient had a necessity for reduced weight-bearing. Given the above and the lack of documentation of exceptional factors, the request is not medically necessary.