

Case Number:	CM13-0033616		
Date Assigned:	12/06/2013	Date of Injury:	08/17/1999
Decision Date:	03/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana 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 50-year-old male who reported an injury on 08/17/1999. The mechanism of injury was pushing. The patient's initial course of treatment included medication and activity modification. Despite conservative treatment, the patient's pain continued to persist, and he underwent an unspecified lumbar spinal surgery in an unknown year. Appropriate postoperative physical therapy ensued, but the patient reported that the surgery made his pain worse. Since that time, the patient has had multiple lumbar surgeries and a spinal cord stimulator was implanted in 2003. The patient received a course of aquatic therapy in 2009, with noted improvement, and a Lindora weight loss program in 2009 as well. He initiated psychiatric treatment some years ago and continues at the present time. He does utilize an electrical scooter and has had home modifications completed. According to the most recent clinical notes provided for review, the patient is in need of a spinal cord stimulator revision. He continues to have complaints of persistent low back and bilateral groin and leg pain that is associated with stiffness. The patient's current medications include MiraLax 1 tbs in 8 oz of liquid daily; Topamax 100 mg, 1 tablet twice a day; Cymbalta 60 mg delayed release, 1 capsule daily; amitriptyline HCl 50 mg, 1 tablet at bedtime every night; Lunesta 2 mg, 1 to 2 tablets immediately before bedtime every night; Benadryl 25 mg, 1 to 2 capsules twice a day as needed; Prevacid 30 mg delayed release, 1 capsule before a meal twice daily; Colace 100 mg, 1 to 2 caps as needed twice daily; Zanaflex 2 mg, 1 capsule as directed; Kadian 30 mg extended release, 1 capsule daily; Amrix 50 mg extended release, 1 capsule daily as needed; Restoril 30 mg, 1 to 2 tablet daily; and Norco 10/325 mg, 1 tablet as needed every 6 hours. The patient's current diagnoses include postlaminectomy syndrome, lumbar region (722.83), lumbago (724.2), lumbar radicular pain (724.4), fibromyalgia (729.1), bilateral groin pain, possible migration of the SCS leads with L1 stimulation bilaterally, weight gain, and constipation.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend aquatic therapy as an optional form of exercise where reduced weight bearing is desirable, for example, in extreme obesity. The clinical notes submitted for review did not provide any evidence that the patient was obese or could not participate in traditional land based therapy. As there was no clinical information to support the need for aquatic therapy, the medical necessity of this request cannot be determined. As such, the request for 12 aquatic therapy sessions for the lumbar spine is non-certified.