

Case Number:	CM13-0034292		
Date Assigned:	12/06/2013	Date of Injury:	04/27/1992
Decision Date:	03/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 is a male patient with a date of injury of April 27, 1992. A utilization review determination dated October 1, 2013 recommends non certification of aquatic therapy 3 X 6. A progress report dated August 27, 2013 indicates that the patient continues to benefit from spinal cord stimulation unit but continues to have neck pain for which a recent epidural steroid injection was requested. An MRI dated August 20, 2013 reportedly shows multiple disc protrusions. Physical examination identifies limited range of motion the cervical spine with tenderness and spasm around the Paris spinous area. Decreased sensation is reported over the C6 and C7 distributions bilaterally. Treatment recommendations for cervical epidural steroid injection. A progress report dated July 16, 2013 indicates that the patient continues to have low back pain radiating into the lower extremities. He continues to take Lyrica, Robaxin, Lidoderm, Zoloft, Ambien, and Xanax. Physical examination identifies reduced range of motion of the lumbar spine as well as well healed surgical scars. To the diagnosis of lumbar radiculopathy status post multiple spinal surgeries. The treatment plan recommends continuing medications. A progress report dated May 21, 2013 requests additional physical therapy, 10 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (3 x week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Section. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

Decision rationale: Regarding the request for aquatic therapy 3 x 6, review of the records indicates that this is a request for aquatic therapy. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Chronic Pain Treatment Guidelines do not contain criteria regarding a specific number of therapy sessions following a spinal fusion. ODG guidelines go on to recommend 34 visits over 16 weeks in the postsurgical treatment of intervertebral disc disorders following spinal fusion. Within the documentation available for review, there is no documentation of any objective functional deficits which are intended to be treated with the requested aquatic therapy. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy or aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. In the absence of clarity regarding those issues, the currently requested aquatic therapy 3 x 6 is not medically necessary.