

Case Number:	CM13-0034308		
Date Assigned:	12/06/2013	Date of Injury:	07/12/2008
Decision Date:	01/16/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Interventional Spine 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 50 year old male with an injury date of July 12, 2008. [REDACTED] medical documentation notes that patient's diagnoses include spinal stenosis lumbar spine, degenerative disc disease of lumbar spine, chronic compression fracture at T12, and erectile dysfunction. As per his progress report dated August 30, 2013, the patient has continued complaints of lumbar pain that radiates down into bilateral legs and across lumbar side to side. The patient states his pain level is 6/10, down from the 7.5/10 prior to aqua therapy. [REDACTED] requests 2x6 aqua therapy sessions. The UR dated September 30, 2013 denied the requested additional aqua therapy sessions based on the fact there was no specific evidence of significant functional improvement post therapy. Clinical documentation shows that the patient has already received 6 aqua therapy sessions as stated on Synergy progress report dated July 31, 2013. The last progress report indicates that the patient demonstrates mild improvement. However, there was no documentation of functional improvement or change in complaints of pain (6-7/10).

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compression Fracture without Myelopathy.

Decision rationale: The patient's diagnoses include spinal stenosis lumbar spine, degenerative disc disease of lumbar spine, chronic compression fracture at T12, and erectile dysfunction. ■■■ per his progress report dated August 30, 2013 states that the patient has continued complaints of lumbar pain which radiates down into bilateral legs and across lumbar side to side. The patient states that his pain level is 6/10, down from the 7.5/10 prior to aqua therapy. ■■■ makes a request for 2x6 aqua therapy sessions. The UR dated September 30, 2013 denied the requested additional aqua therapy sessions based on the fact there was no specific evidence of significant functional improvement post therapy. Clinical documentation shows that the patient had already received 6 aqua therapy sessions, as stated on Synergy progress report dated July 31, 2013. The last progress report indicates that the patient demonstrates mild improvement with aqua therapy. However, there is no evidence of functional improvement or change in complaints of pain (6-7/10). The California MTUS, pages 98 and 99 states that passive therapy can provide short term relief during the early phases of pain treatment. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Subjective mild improvement alone does not justify 12x additional aqua therapy sessions. The California MTUS guidelines recommend allowing for fading of treatment frequency and focusing on an active self-directed home exercise program. The California MTUS allows 9-10 therapy visits for myalgia/neuritis type of diagnosis. When reading ODG guidelines for compression fracture without myelopathy, the recommended number of therapy treatment is 8 sessions. The patient has had 6 sessions thus far. An additional 3 sessions may be appropriate, but not the requested 12 additional sessions requested. Therefore the request for twelve (12) sessions of Aquatic Therapy is not medically necessary and appropriate.