

Case Number:	CM13-0045518		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2009
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine and is licensed to practice in Maryland. 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 injured worker's original date of injury was 04/08/2009. He is a 55 year old man with chronic low back pain, which began with a low back injury on lifting a machine to a truck. He had multiple spinal surgical operations: a microdiscectomy at L4-5 in April 2009, a laminectomy in 12/2010, and discectomies at L3-4, 4-5, L5-6 with inter body arthrodeses on 02/14/'13. The patient received land based physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional sessions of aquatic physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land- based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of

health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The treating clinician has requested 12 sessions of aquatic PT. 8 sessions have recently been approved. The total number of sessions stands at 34. Based on the documentation submitted, the patient does not qualify for any additional sessions above and beyond those previously approved. The request for 12 additional aquatic PT sessions is non-certified.

X-rays of the lumbar spine flexion/extension view: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR (American College of Radiology) Appropriateness Criteria; Clinical Condition: Low back pain, Variant 5: Prior Lumbar Surgery

Decision rationale: This patient has chronic low back pain and has had 3 surgical lumbar procedures. The clinician wants to study the patient's complaints of instability sensations. The patient's treating clinician has requested plain film lumbar imaging of the lumbar spine with extension and flexion views to rule out instability. This request does meet the clinical guidelines for lumbar imaging because the patient has had prior surgery.