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| Case Number: | CM13-0046111 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/08/2008 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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. 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 injury on 10/08/2008. The mechanism of injury was not provided. The patient was noted to have undergone aqua therapy. The patient indicated that they felt aqua therapy significantly reduced the pain and allowed the patient more function and allowed the patient to walk further, ride his bike further and helped reduce the use of Percocet. The patient's diagnoses were noted to include lumbar degenerative disc disease, radiculopathy, postlaminectomy pain syndrome, low back pain, thoracic spine fracture, and chronic pain syndrome. The request was made for aquatic therapy 2 times a week for 3 weeks for a total of 5 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 2 times a week for 3 weeks for total of 5 sessions to Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment 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 Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the patient had prior aquatic therapy. However, it failed to provide the number of sessions the patient had received. The patient indicated that aquatic therapy significantly reduced the patient's pain and allowed him to be more functional which included walking further, riding his bike further, and helped reduce the use of the pain medications. The patient indicated that land therapy increased his back pain. However, there was a lack of documentation of objective functional improvement and objective medication reduction. Given the above and the lack of documentation of the quantity of sessions the patient had participated in, the request for aquatic therapy two (2) times a week for three (3) weeks for a total of 5 sessions to the lumbar spine is not medically necessary.