

Case Number:	CM13-0048461		
Date Assigned:	02/07/2014	Date of Injury:	02/23/2006
Decision Date:	04/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine 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 expert 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 59 year old female who was injured on 02/23/2006. The mechanism of injury is unknown. Diagnostic studies reviewed include CT scan of the lumbar spine performed 09/18/2013 revealed consistent with a mild diffuse annular bulge at L3-4; mild posterior disc and marginal osteophytosis and L4-5 with posterior decompression, laminectomy defect; a laminectomy defect at L5-S1 with mild disc and osteophytosis and facet hypertrophy. Pain Management Re-evaluation note dated 11/05/2013 indicated since the patient's last visit, the patient was getting worse. The pain had become more intense. The patient was getting very little relief with the muscle relaxers for the muscle spasm. She has had to go back to taking 2 Norco a day. Objective findings on exam revealed acute paravertebral muscle spasm with limited painful range of motion. She continued to have positive straight leg raising bilaterally with an absent Achilles reflex on the left and dermatomal changes at L5-S1. The patient was diagnosed with 1) Lumbar surgery x2; 2) chronic low back pain syndrome; 3) Incomplete fusion, L5-S1; and 4) Drop foot on left. The treatment plan recommended for this patient is to begin tapering down some narcotics but indicated that the pain had been acutely exacerbated. Supplemental Orthopedic Report dated 10/18/2013 documented the patient to present with complaints of pain and stiffness to her cervical spine, right shoulder, right wrist, thoracic spine and lumbar spine. Objective findings on exam revealed cervical spine, right shoulder, right wrist, and thoracic spine remained essentially unchanged from 09/11/2013. There was tenderness to palpation. The range of motion of the lumbar spine remained limited; sensations and motor strength remained decreased. The patient remained symptomatic and required additional medical treatment. ■■■■■ ■■■■■ has also recommended a short course of aquatic physical therapy for the patient twice a week for six weeks. Neurosurgical Re-evaluation Report dated 09/23/2013 indicated the patient had to utilize symptomatic medications as needed. She had undergone a course of postoperative

physical therapy, with significant benefit reported. The patient had required medical consultation, medications, physical therapy, two lumbar spine surgeries and diagnostic studies. The patient had not been participating in therapy the last couple of months which has left her deconditioned and with worsening back pain. An authorization was requested for the patient to undergo a course of aquatic therapy at two times a week for six. She was instructed to continue with her home exercises for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUA THERAPY SESSIONS BETWEEN 10/28/2013 AND 12/12/2013:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) LOW BACK-LUMBAR & THORACIC (ACUTE AND CHRONIC) AQUATIC THERAPY

Decision rationale: The Expert Reviewer's decision rationale: The clinical information provided does not meet indication for aquatic based therapy. The patient previously underwent physical therapy and had great benefit. According to current guidelines, aquatic based therapy can be considered in certain special circumstances such as extreme obesity or severe arthritis. There was no indication the patient suffered from either of these and the patient previously tolerated land based therapy well. Given the above, the request is not certified.