

Case Number:	CM13-0054921		
Date Assigned:	12/30/2013	Date of Injury:	11/13/1996
Decision Date:	04/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal Medicine, Pulmonary Disease, 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 65-year-old male who reported an injury on 11/13/1996 due to cumulative trauma while performing normal job duties. The patient reportedly developed low back pain and ultimately underwent surgical intervention. The patient's postsurgical chronic pain was managed by medications, aquatic therapy, and physical therapy. The patient's most recent clinical documentation noted that the patient had an improvement in function with aquatic therapy. Physical findings included tenderness to palpation in the low back L1-S1 area, left leg, and left foot. The patient's diagnoses included long-term use of other medications, postlaminectomy syndrome of the lumbar spine, and lumbar radiculitis/neuritis. The patient's treatment plan included continuation of aquatic therapy for an additional 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 12 weeks for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,98-99.

Decision rationale: The requested aqua therapy 2 times a week for 12 weeks for the low back is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has previously received aquatic therapy, has provided a 60% functional improvement, and a 70% improvement in pain levels. However, the amount of therapy the patient has previously received was not provided for review. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who would benefit from a non-weightbearing environment while participating in an active therapy program. As the patient has previously participated in an aquatic therapy program, there is no documentation to support why the patient could not be transitioned into a land-based therapy program and would need additional non-weightbearing therapy. Additionally, California Medical Treatment Utilization Schedule recommends up to 10 visits for this type of injury. As the patient has already received an unknown quantity of aqua therapy and an additional 24 sessions have been requested, this is well in excess of guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested aqua therapy 2 times a week for 12 weeks for the low back is not medically necessary or appropriate.