

Case Number:	CM13-0057921		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2011
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 54-year-old who reported an injury on 12/30/2011 after he transferred a patient which reportedly caused injury to his low back. The patient ultimately underwent posterior spinal fusion of the lumbar spine at the L4-5 and L5-S1. The patient was treated postsurgically with physical therapy. The patient's most recent clinical examination documented that the patient had continued mechanical back pain with lower extremity radiculopathy. Physical findings included tenderness to palpation along the paravertebral musculature with spasming and limited range of motion secondary to pain. It was also documented that the patient had diminished sensation along posterior calf and thigh bilaterally with decreased motor strength of the extensor hallucis and anterior tibialis. The patient's diagnoses included status post posterior spinal fusion of the lumbar spine at the L4-5 and L5-S1 with intraspinous fixation, possible pseudarthrosis, and possible nerve compression. The patient's treatment plan included continuation of medications, a CAT (computer aided tomography) scan of the lumbar spine, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve initial sessions of aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Physician Reviewer's decision rationale: The requested twelve initial sessions of aquatic therapy for the lumbar spine is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy when patients require a nonweightbearing environment while participating in active therapy. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints with the possibility of a nonunion fusion. Therefore, this patient would benefit from a nonweightbearing environment while participating in an active therapy to assist in pain control, and increasing range of motion deficits. However, the Chronic Pain Medical Treatment Guidelines recommend up to eight to ten visits of physical therapy for patients with lumbar radiculopathy. The requested twelve visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for twelve initial sessions of aquatic therapy for the lumbar spine is not medically necessary or appropriate.