

Case Number:	CM13-0057948		
Date Assigned:	03/03/2014	Date of Injury:	09/04/2012
Decision Date:	04/29/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 41 year-old male who was injured on 9/4/12 during a work-related MVA He has been diagnosed with discogenic low back pain and radiculitis. According to the 10/28/13 neurosurgical report, he presents with low back and left hip pain that radiates to the left thigh to the knee. He has coccygeal pain and still cannot sit erect, but leans to the right to avoid pain in the left buttocks. He is reported to have undergone a left SI joint injection and notes it reduced the left leg pain. He has decreased sensation in the left L4 and L5 dermatomes. MRI showed a 2-mm disc protrusion at L5/S1, but EMG/NCV did not show lumbar radiculopathy. The surgeon requested another ESI, and in the meantime notes improvement with aquatic therapy and requested an extension of aquatic therapy x6. On 11/18/13 UR notes he had 4 sessions of aquatic therapy and denied the extension request.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT AQUATIC THERAPY TIMES 6 TO LUMBAR SPINE: Overturned

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

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

Decision rationale: The patient presents with low back pain and left leg radiculopathy. He was reported to have completed 4 sessions of aquatic therapy with some unspecified improvement and the physician requested an extension of 6 more sessions. MTUS guidelines recommend aquatic therapy as an option to land-based exercise when reduced weight-bearing is desirable. The patient is reported to have difficulty walking and sitting due to the radicular symptoms. MTUS states to see the physical medicine section for the specific number of sessions. The MTUS section on physical medicine recommends 8-10 sessions of therapy for various myalgias and neuralgias. The request for 6 aquatic therapy sessions when combined with the 4 sessions already provided is still in accordance with the MTUS guidelines.