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| Case Number: | CM13-0059832 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/31/2003 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 40-year-old female who sustained a work-related injury while moving cinder blocks on 1/31/03. Since then, she has undergone spinal fusion at L3-4 and L4-5 with noted severe L5-S1 discogenic facet changes as seen on a MRI dated 6/16/12. During 2012, the patient had very significant pain complaints, usually at 8-10/10, with history of falls because her 'legs go dead more often.' The patient was placed on Methadone 5mg because of over utilization of previously prescribed Dilaudid; she was taking up to 8-10 tablets daily as opposed to her prescribed 4 tablets daily. Of the submitted medical documentation, the most recent progress report from her primary treating physician is dated 12/28/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY SESSIONS , 2-3 A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of

gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. The physical medicine guideline as to frequency and duration of treatment is absent regarding number of visits for chronic pain. Up to date medical documentation within the past 16 months is needed to understand the patient's condition as it states at the time of the Utilization Review. The medical documentation provided is inadequate to make an appropriate decision regarding not only the request under review, also regarding any form of medical treatment for this particular patient. As a result of a lack of information, I find the request not medically necessary.