MAXIMUS Federal Services

Case Number:	CM13-0064156		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2008
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Medicine, has a subspecialty in Pain 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:

This is a 29 yr. old female claimant sustained a work injury on 5/6/08 involving the low back. She had a diagnosis of lumbar spine injury and underwent L4-L5 , L5-S1 discectomy, laminectomy and spinal stenosis. She has had intermittent 8/10 pain, reduced range of motion, antalgic gait and depression secondary to chronic pain. According to a letter from the treating physician she was unable to perform home exercises regularly due to pain and disability. An exam report on 10/18/13 indicated the claimant was taking analgesics and "tolerating home exercises. " At the time her height was 6'3" and weight of 225 lbs. In November 2013, the treating physician requested 12 sessions of aquatic therapy for safely mobilizing the claimant. In addition, an evaluation was requested to determine if a functional restoration program would benefit the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC POOL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 23 AND 98-99.

Decision rationale: In this case, the claimant is limited due to pain and mobility. She is also obese and may benefit from aqua therapy. However, the guidelines recommend up to 10 visits over 4 weeks. The amount requested of 12 sessions exceeds the amount stated in the guidelines and is therefore not medically necessary. In addition, there is conflicting statements on whether the claimant can perform home exercises.

FUNCTIONAL RESTORATION PROGRAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 48.

Decision rationale: Since the treating physician is only requesting an evaluation to determine if FRP is appropriate, the request is appropriate and necessary. The guidelines recommend FRP for a short course. Although, there is ongoing research to determine who should be included, an evaluation for FRP is appropriate.