

Case Number:	CM13-0068857		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2011
Decision Date:	04/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 Practice 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:

The patient is a 49-year-old female who reported an injury on 06/09/2011. The mechanism of injury was noted to be the patient was lifting and was injured at work. The documentation of 12/12/2013 revealed the patient had improved low back pain since the surgery on 04/2013; however, she had residual leg pain and left thigh pain and numbness. The patient had physical therapy, pain management, injections, anti-inflammatories, pain medications, chiropractic care, acupuncture, and epidural injections. The patient could perform ADLs unassisted and her pain level was 4-5/10. She had motor strength of 5/5 and normal sensation. She had decreased range of motion. The patient's diagnoses included spondylolisthesis a L4-5, recurrent stenosis at L4-5, back pain and leg pain treated with Extreme Lateral Interbody Fusion (XLIF), with improving symptoms postoperatively, and constipation. The plan was noted to be to continue hydrotherapy. The submitted request was for 18 sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for neuralgia, neuritis, and radiculitis is 8 visits to 10 visits. The clinical documentation submitted for review failed to indicate the quantity of visits the patient had previously attended and the patient's functional response to the prior treatments. The patient could perform ADLs unassisted, had a pain level of 4-5/10 and motor strength of 5/5 along with normal sensation. There was a lack of documentation of functional deficits to support a necessity for further therapy. There was a lack of documentation indicating the patient had a necessity for reduced weight-bearing. There was a lack of documentation per the submitted request for the body part to be treated. 18 sessions would be considered excessive. Given the above, the request for 18 aqua therapy sessions is not medically necessary.