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| Case Number: | CM14-0000900 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 10/16/2012 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 & 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 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 23-year-old male with date of injury on 10/16/2012. The progress report dated 11/27/2013 by [REDACTED] indicates that the patient's diagnosis includes S1 radiculopathy. The patient continues with 8/10 low back pain which radiates to the left leg. The patient had recently finished aquatic therapy and now says that his pain is coming back since stopping. Physical exam findings indicate pain to palpation along the lumbar paraspinal muscles. The treating physician requested a spine surgery consult as the patient has had a year of conservative therapy without improvement. The patient requested aquatic therapy 2 times a week for 12 weeks. The patient reported he has less pain and is able to do more exercise with aquatic therapy. The utilization review letter dated 12/06/2013 issued non-certification of the requested 24 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x12 lumbar: Upheld

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

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

Decision rationale: The patient continues with significant low back pain and radicular symptoms in the left lower extremity. The patient has recently undergone aquatic therapy. The physical therapy note dated 10/29/2013 indicated that this was the patient's eighth visit. It was noted that the patient made slow improvements. A request was made by the treating physician for an additional 24 sessions of aquatic therapy as the patient stated that he has less pain and is able to do more exercises with aquatic therapy. MTUS Guidelines page 20 regarding aquatic therapy states that it is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. For recommendations on the number of supervised visits, see physical medicine. MTUS page 98-99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. A total of 8 to 10 visits over 4 weeks of therapy is recommended for diagnoses such as neuralgia, neuritis, and radiculitis, unspecified. The requested 24 additional aquatic therapy sessions does not appear to be supported by the guidelines noted above. The treating physician's progress report on 11/27/2013 appeared to indicate that the patient has had conservative therapy for the past year without significant benefit and was requesting a surgical consult. The patient also stated that after stopping their recent aquatic therapy pain returned to baseline. Therefore, continued therapy does not appear to be reasonable. Therefore, recommendation is for denial.