

Case Number:	CM14-0001313		
Date Assigned:	01/22/2014	Date of Injury:	09/28/1998
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational 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:

According to the records made available for review, this is a 72-year-old male with a 9/28/98 date of injury and status post L4-5 and L5-S1 fusion in 2010. At the time (12/17/13) of request for authorization for therapy: aqua therapy three times a week for four weeks, there is documentation of subjective (lower back pain) and objective (BMI of 26.43) findings, current diagnoses (chronic low back pain with a failed syndrome after an L4-5 and L5-S1 fusion and lumbosacral spondylosis without myelopathy), and treatment to date (6 visits of aquatic therapy, home exercise program, and acupuncture). There is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine , Aquatic Therapy Page(s): (s) 98,22. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back; Title 8, California Code of Regulations , Section 9792.20.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain with a failed syndrome after an L4-5 and L5-S1 fusion and lumbosacral spondylosis without myelopathy. In addition, there is documentation of 6 aquatic therapy sessions completed to date. However, given documentation of a BMI of 26.43, there is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date. Furthermore, the proposed number of aquatic therapy sessions exceeds guidelines. Based on guidelines and a review of the evidence, the request for aqua therapy three times a week for four weeks is not medically necessary.