

Case Number:	CM14-0002820		
Date Assigned:	01/29/2014	Date of Injury:	03/16/1994
Decision Date:	06/18/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine & Rehabilitation 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 70 year old male with an injury date of 03/16/94. Based on the 12/06/13 progress report provided by [REDACTED], the patient complains of low back pain that radiates to the left lower extremity down to the knee, but stops mid-way through his calf with a numbness and tingling sensation. He has pain in the bilateral lumbar paraspinous region with extension and lateral flexion and tenderness to palpation of the left lumbar facet joints L4-L5 and L5-S1. The patient is diagnosed with the following: 1.Lumbosacral spondylosis without myelopath 2.Lumbar disc degeneration. [REDACTED] is requesting for aquatic therapy, twice a week for 6 weeks (2 x 6). The utilization review determination being challenged is dated 12/16/13 and recommends denial of the aquatic therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 02/21/13- 12/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY; TWICE A WEEK FOR SIX WEEKS (2X6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, CHAPTER AQUATIC THERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 22, and the section on Physical Medicine pages 98-99.

Decision rationale: According to a report dated 12/06/13, the patient presents with low back pain that radiates to the left lower extremity down to the knee, but stops mid-way through his calf with a numbness and tingling sensation. The request is for aquatic therapy twice a week for 6 weeks (2 x 6). The patient has not had any previous aquatic therapy. In reference to aquatic therapy, the MTUS Chronic Pain Guidelines recommends 9-10 visits over 8 weeks for myalgia and myositis; 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis; 24 visits over 16 weeks for reflex sympathetic dystrophy. The total requested 12 sessions of aquatic therapy exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.