

Case Number:	CM14-0005975		
Date Assigned:	05/12/2014	Date of Injury:	08/29/2011
Decision Date:	07/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 and 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 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 patient is a 41-year-old male, date of injury 08/29/2011. Per the treating physician's report 11/05/2013, the patient reports improvement with recent aqua therapy, experiencing slightly less pain, more flexibility. However, with completion of aqua therapy, the patient is beginning to have pain in the low back once again. Weather is increasing the pain also, and continues to experience low back pain, radiation down into left leg. Neurontin has been helpful with neuropathic pain. MRI of the lumbar spine was initially asked for, but with improvement from aqua therapy, this was cancelled. However, now that the patient is continuing to have pain, the treating physician felt that an MRI was appropriate. Diagnostic impressions were status post lumbar microdiscectomy from 05/23/2013, left lower extremity radiculopathy. Recommendation was for lumbar MRI, discontinue Neurontin due to side effects, try Cymbalta. Request was also to continue aqua therapy. The patient approximately had 8 sessions with significant improvement of pain and flexibility and the request for additional 12 sessions. Therapy reports were available from 09/11/2013 where the patient has completed 8 sessions from 08/13/2013 to 09/03/2013. Under functional limitations, the patient is unable to ambulate greater than 40 minutes due to low back pain. Under comment, it states, "The patient has demonstrated improvement with aquatic therapy and active range of motion and strength. However, the patient reports moderate to severe low back pain with ADLs and ambulation." Recommendation was for land-based physical therapy to focus on core strengthening and lumbosacral stabilization exercises. The request for aqua therapy was denied by utilization review letter 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2 TIMES A WEEK FOR 6 WEEKS, LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: This patient presents with chronic low back pain and is status post lumbar microdiscectomy from May of 2013. The patient completed 8 sessions of aqua therapy ending in September 2013. The treating physician indicates that the patient has significantly improved in terms of pain and flexibility, and the request is for additional 12 sessions of aqua therapy. Unfortunately, the improvement was transient as the patient still has significant persistent low back pain, and the treating physician has asked for MRI of the lumbar spine again. Review of the aqua therapy note also indicates that while the patient reported improvement, the patient is still having difficulties with activities of daily living and ambulation. The therapist recommended land-based therapy to improve core strengthening and also to teach land-based exercises. MTUS Guidelines support aqua therapy for situations where treatments require reduced weight-bearing status such as extreme obesity. For number of treatments for myalgia, myositis, it recommends 9 to 10 sessions. In this patient, while the treating physician believes that the patient is improved, the improvement was more subjective. The therapist recommends land-based therapy to allow for core strengthening. Aqua therapy appears to have provided transient subjective improvement without lasting benefit. Furthermore, MTUS Guidelines recommend 10 sessions for myalgia, myositis, neuritis, radiculitis type of condition that this patient is suffering from. The patient already completed 8 sessions. Recommendation is for denial. The request is not medically necessary and appropriate.