

Case Number:	CM14-0108740		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2010
Decision Date:	12/17/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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, 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:

The patient is a 38 years old male with an injury date of 07/01/10. The 06/11/14 progress report states that the patient presents with lower back pain rated 8/10 radiating to the bilateral legs along with sharp pain in the hips and back. The report states the patient is to remain off work until 07/11/14. The 04/01/14 MRI lumbar spine gives the following impressions: 1. Status post fusion L4-L5 and L5-S12. L3-L4 1 mm disc bulge and mild facet arthropathy with mild foraminal stenosis bilaterally 3. Mild degenerative changes L1-2 and L2-3 The patient's diagnosis from the 04/09/14 report is status post-surgical lumbar spine X 2. The utilization review being challenged is dated 06/19/14. The rationale is that there is inadequate documentation and reports show continued functional deficits from prior aquatic and physical therapy. Reports were provided from 01/13/14 to 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine 8 visits (2x/wk x 4 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs rated 8/10 along with hip pain. The treating physician is requesting Aquatic therapy for the lumbar spine 8 visits (2x/wk x 4 wks). MTUS page 22 states that, "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 example extreme obesity". MTUS Post-surgical guidelines Page 25, 26 state post-surgical treatment for low back fusion is 34 visits over 16 weeks. MTUS non-postsurgical guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. Physical therapy treatment reports show the patient is post 10/17/13 revision of previous fusion secondary to migrating hardware and that he received 14 lumbar aqua therapy sessions from 03/05/14 to 05/20/14. It appears these treatments were within the patient's post-surgical treatment period of 6 months and that the patient is now outside the post-surgical treatment period. The 05/20/14 aqua therapy treatment report states the patient gets some relief from pain, but overall continues to have the same amount of pain, that rehabilitation potential is fair, and that treatment is to be continued for 8 sessions due to MD request. The treater does not discuss the patient's aqua therapy or why it is needed as an alternative to land based therapy. There is no discussion of why reduced weight bearing exercises are essential in this patient. Furthermore, aquatherapy appears only minimally beneficial. There is no discussion as to why the patient is not able to do home exercises. The request is not medically necessary.