

Case Number:	CM14-0015170		
Date Assigned:	02/28/2014	Date of Injury:	10/24/1996
Decision Date:	12/10/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 57-year-old female with a 10/24/96 date of injury. At the time (1/20/14) of request for authorization for 12 visits of water/physical therapy for 2 times a week times 6 weeks, there is documentation of subjective (status post spine surgery with ongoing radiculitis and failed spinal cord stimulator) and objective (walks with a limp, paraspinous tenderness, sacroiliac joint tenderness, moderate spasms, positive facet loading, restricted range of motion due to pain) findings, current diagnoses (failed back pain with pain radiating to bilateral lower extremities, posterior leg, and stress incontinence; arachnoiditis on MRI; insomnia; and recent weight gain), and treatment to date (injections, TENS, physical therapy, and aquatic therapy x 6 sessions). 1/28/14 medical report identifies that patient was more active with aquatic therapy and had much less problems. There is no documentation of an indication for which reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), 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 completed to date, and exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS OF WATER/PHYSICAL THERAPY FOR 2 TIMES A WEEK TIMES 6 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): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

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). 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 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 (objective improvement with previous treatment). ODG identifies visits for up to 10-12 visits over 8 weeks in the management of lumbar radiculitis. Within the medical information available for review, there is documentation of diagnoses of failed back pain with pain radiating to bilateral lower extremities, posterior leg, and stress incontinence; arachnoiditis on MRI; insomnia; and recent weight gain. In addition, there is documentation of 6 aquatic therapy visits completed to date. However, there is no documentation of an indication for which reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, despite documentation that the patient was more active with aquatic therapy and had much less problems, there is no documentation of measured 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 completed to date. Furthermore, given documentation of a request for 12 visits of water/physical therapy for 2 times a week times 6 weeks, which along with the number of visits completed to date, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for 12 visits of water/physical therapy for 2 times a week times 6 weeks is not medically necessary.