

Case Number:	CM14-0016273		
Date Assigned:	04/11/2014	Date of Injury:	09/11/2008
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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:

he patient is a 34-year-old female with date of injury of 09/11/2008. The listed diagnoses dated 11/32/2013 are: Post revision laminectomy, exploration of fusion and removal of the posterior segmental instrumentation at L5-S1, solid fusion, L5-S1, 04/16/2013., Low back pain with stiffness., and Left lower limb radiculopathy. According to the report, the patient complains of back pain. The patient states that she is doing exercises at home, but still feels pain and stiffness in the lower back area. She also reports symptoms in the lower limbs with numbness and weakness of the dorsiflexors of left foot that has improved. She has been walking, but she still has stiffness in the lower back. Examination shows mild tenderness noted over the scar area in the lumbar spine. There is no lumbar muscle spasm present. Straight leg raise test is negative. The range of motion of the lumbar spine is painful and restricted in all directions. The range of motion of the hip, knee, ankle, and the foot is within normal limits. Peripheral pulses are normal. The treater is requesting 12 additional aquatic therapy for the lumbar spine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presented with chronic back pain and is status post laminectomy from 04/16/2013. The treater is requesting 12 additional aqua therapy visits for the lumbar spine, as referenced from the utilization review letter dated 01/24/2014. The physical therapy reports show that the patient has completed 17 sessions to date. In addition, the patient also reports she is able to do her daily activities with limitations like laundry and cooking including her home exercise program. The operative report indicate that this patient underwent laminectomy in 04/16/2013 and post-operative physical therapy guidelines would not apply. For a number of therapy treatments outside of post-operative period, the MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. In this case, the patient has already completed 17 sessions. There is no reason why the patient would not be able to continue with her current home exercise program to improve strength. Furthermore, the requested 12 additional sessions far exceed what is allowed by MTUS Guidelines. Recommendation is for denial.