MAXIMUS Federal Services

Case Number:	CM14-0018207		
Date Assigned:	04/21/2014	Date of Injury:	11/09/2011
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

The patient is an employee of [redacted]. and has submitted a claim for lumbar stenosis associated with an industrial injury date of November 9, 2011. The treatment to date has included oral analgesics, aquatic therapy, physical therapy, home exercise and chiropractic therapy. The medical records from 2013 were reviewed and showed low back, bilateral buttock and left leg pain with numbness and weakness. Physical examination showed slight to moderate left antalgic gait, loss of normal lordosis and limitation of motion of the lumbar spine, and spasm of the lumbar paravertebral muscles. Straight leg raise on the right reproduced back pain. Special tests showed that the patient walks with right lower extremity drop and pelvic shift to the left and decreased sensation to light touch over the left L4-S1 dermatomal distribution. MRI of the lumbar spine was obtained on August 14, 2013 and revealed spondylolisthesis of L5, marked spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing at L4-L5 and impingement on the L4 exiting nerve roots. The patient was diagnosed with lumbar grade 1 lytic spondylolisthesis of L5, lumbar disc disease, lateral recess and foraminal stenosis and lumbar radiculitis. A utilization review dated January 24, 2014 denied the request for physical aquatic therapy for 8 additional sessions to the lumbar because this would exceed guideline recommendations. There was no indication of aquatic therapy versus land based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL AQUATIC THERAPY FOR 8 ADDITIONAL SESSIONS TO THE LUMBAR SPINE: Upheld

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

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

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical treatment Guidelines,aquatic therapy is recommended as an alternative to land- based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremity. Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia. In this case, the patient has been complaining of chronic back pain with radiculopathy however the records submitted for review did not indicate that the employee meets the criteria for aquatic therapy due to lack of data regarding her current body mass index to determine if she is obese. There was no documented evidence of comprehensive physical examination performed and functional deficits warranting aquatic therapy. Furthermore, there was no indication why the employee could not participate in a land-based physical therapy program. In addition, the patient had 6 sessions aquatic therapy and the addition of 8 sessions would exceed the guideline recommendations. Therefore, the request for physical aquatic therapy for 8 additional sessions to the lumbar spine is not medically necessary.