MAXIMUS Federal Services

Case Number:	CM14-0151857		
Date Assigned:	09/19/2014	Date of Injury:	07/06/2013
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Pain Management, 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 33 year old with an injury date on 7/6/13. The patient's subjective pain was not provided in the included progress reports. Based on the utilization review letter dated 9/10/14, (as progress reports had missing pages) the diagnoses are: 1. lumbosacral spondylosis without myelopathy 2. Displacement thoracic/lumbar intervertebral disc without myelopathy 3. spinal stenosis lumbar reg without neurogenic claudication 4. lumbar s/sExam on 8/22/14 showed "joint pain, muscle spasm, numbness." No range of motion testing was provided in reports. [redacted] is requesting aquatic therapy 2x3 L/S and LSO brace. The utilization review determination being challenged is dated 9/10/14. [redacted] is the requesting provider, and he provided a treatment report from 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Aquatic Therapy sessions for L/S spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy,Physical Medicine Page(s): 22,98-99.

Decision rationale: No subjective pain was found in provided reports. The treater has asked for aquatic therapy 2x3 L/S on 8/22/14. Review of the reports does not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "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 guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. Therefore, the request of six (6) Aquatic Therapy sessions for L/S spine is not medically necessary and appropriate.

LSO (Lumbar-Sacral Orthotic) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on lumbar bracing Page(s): 308. Decision based on Non-MTUS Citation ODG guidelines for lumbar supports

Decision rationale: No subjective pain was found in provided reports. The treater has asked for LSO brace on 8/22/14. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with compression fractures, a treatment of spondyloisthesis, documented instability, or any other condition that is indicated by ODG guidelines for a back brace. Therefore, the requested LSO (Lumbar-Sacral Orthotic) Brace is not medically necessary and appropriate.