

Case Number:	CM14-0153655		
Date Assigned:	09/23/2014	Date of Injury:	05/06/2005
Decision Date:	10/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 53 years old female with an injury date on 05/06/2005. Based on the 08/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Disc bulge, cervical spine. 2. Disc bulge, lumbar spine, status post L3-4 fusion with [REDACTED]. According to this report, the patient complains of shoulders pain down the entire back and down to the feet. Intermittent sharp pain is noted in the back of the legs. Stabbing pains at the left lower back is also noted. Physical exam reveals diffuse tenderness across entire back; non specific. Gait is antalgic and uses a crane. There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/19/2014 to 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: twelve sessions (12) 3x4, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Guidelines for Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98, 99 and 8.

Decision rationale: 08/25/2014 report by [REDACTED] this patient presents with shoulders pain down the entire back and down to the feet. The treater is requesting aquatic therapy twelve sessions for the low back. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 03/19/2014 to 08/25/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Given no recent therapy history, a short course of therapy may be reasonable to address flare-up's or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS and there is no discussion as to why the patient cannot tolerate land-based therapy therefore request are not medically necessary.