

Case Number:	CM14-0157134		
Date Assigned:	09/30/2014	Date of Injury:	11/26/2002
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 64-year-old female with a date of injury of 11/26/2002. The listed diagnoses per [REDACTED] are: 1. Protrusion L5-S1 with radiculopathy, refractory. 2. Status post lumbar decompression, January 2013. According to progress report 02/04/2014, the patient presents with low back pain and right wrist pain. Examination of the lower back revealed tenderness upon the lumbar spine region. Lumbar range of motion was limited with pain. There was a positive straight leg raise. Examination of the right wrist was "essentially unchanged." The treater is requesting additional aqua therapy 3 times a week for 4 week for the lumbar spine. Utilization review denied the request on 09/11/2014. Treatment reports from 01/17/2014 to 02/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: This patient presents with chronic low back pain and is status post lumbar decompression from January 2013. The treater is requesting additional aqua therapy 3 times a week for 4 weeks for the lumbar spine. MTUS guidelines page 22 recommends Aquatic Therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. The medical file includes 3 progress reports. These reports do not discuss aqua therapy treatment history. It is unclear how many sessions the patient received and the results from these sessions. In this case, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient requires aqua therapy. MTUS requires aqua therapy for patients with weight-bearing restrictions. In this case, such documentation is not noted and therefore request is not medically necessary.