

Case Number:	CM14-0157954		
Date Assigned:	10/01/2014	Date of Injury:	08/18/2010
Decision Date:	11/06/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 injured worker is a 59 year-old male with a date of injury on 8/18/2010. He is diagnosed with (a) status post L3-L5 360-degree fusion done on 10/10/2011; (b) lumbosacral radiculopathy; and (c) gait dysfunction and mobility impairment secondary to lumbar fusion and radiculopathies. His prior treatments include lumbar spine x-rays, magnetic resonance imaging, electromyogram/ nerve conduction velocity studies and surgery. Per medical records dated 6/10/2014, the injured worker had continued low back pain that was increased with standing and walking. He was utilizing a wheelchair. The physical examination showed a decreased lumbar spine range of motion in all planes. He was then prescribed with a course of aquatherapy and was able to complete six sessions. Per medical records dated 9/9/2014, the injured worker reported that aquatherapy has helped with his symptoms and with the strengthening of his lower extremities. However, he continued to complain of low back pain. There was no significant change noted on examination. He was referred for 12 additional sessions of aquatic therapy exercises for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy/Exercises: Upheld

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

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

Decision rationale: Based on the records received, it appears that the injured worker has been attending sessions of physical therapy to the lumbar spine since 2013. However, the total number of therapy sessions completed by the injured worker since that time was not clearly documented in the medical reports provided. Also, there is no objective evidence of functional improvement from the previous treatments received by the injured worker. Moreover, it is unclear why a home exercise program would not be appropriate as an extension of his treatment considering the previous therapy sessions he already completed. Evidence-based guidelines state that injured workers undergoing physical medicine are expected to continue active therapy or exercises at home as an extension of the treatment process. For this reason, the medical necessity of the requested additional 12 sessions of aquatic therapy to the lumbar spine is not established.