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| Case Number: | CM14-0158018 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 11/29/2006 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/08/2014 |
| 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, 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 58-year-old female with an injury date of 11/29/06. Based on the 08/26/14 progress report provided by [REDACTED] the patient complains of low back pain rated 8/10. Physical examination to the lumbar spine reveals tenderness to palpation of lumbar paraspinal muscles. Range of motion is decreased, especially on extension 10 degrees. Per progress report dated 06/14/14 by [REDACTED] the patient is overweight in appearance, has non-antalgic gait and her balance is intact. Her medications include Norco, Omeprazole, and Albuterol. Patient states she had some improvement with aquatic therapy in the past and would like to have additional treatment authorized. Diagnosis 08/26/14 - hypertrophic facet disease with ligament flavum hypertrophy - Lumbar S/S superimposed on L3-L4 and L4-L5 disc disease with degenerative changes [REDACTED] is requesting Aqua Therapy for the Lumbar Spine twice weekly for three weeks. The utilization review determination being challenged is dated 09/08/14. The rationale is "patient had previous aquatic therapy with improvement; however no evidence of functional improvement was noted. Patient's objective status has been unchanged for 1.5 years. Patient is participating in home exercise program, which should be sufficient." [REDACTED]. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/14 - 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for the Lumbar Spine, Twice Weekly for Three Weeks: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 8/10. The request is for Aqua Therapy for the Lumbar Spine Twice Weekly for Three Weeks. Diagnosis dated 08/26/14 includes hypertrophic facet disease with ligament flavum hypertrophy and Lumbar S/S superimposed on L3-L4 and L4-L5 disc disease with degenerative changes. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. "Per progress report dated 06/14/14, patient states she had some improvement with Aquatic Therapy in the past and would like to have additional treatment authorized. Though patient had water therapy in the past, based on progress report dated 06/14/14, the patient is not extremely obese and does not qualify for water therapy, as the need for reduced weight bearing has not been shown. Her balance is intact and she has a non-antalgic gait. Furthermore, per utilization review letter dated 09/08/14, patient's objective status has been unchanged for 1.5 years, and she is participating in home exercise program. The request does not meet guideline indications. Recommendation is for denial.