

Case Number:	CM14-0173775		
Date Assigned:	10/27/2014	Date of Injury:	09/08/2004
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine 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 an injured worker who is status post lumbosacral spine surgery. Mechanism of injury was pushing a cart. Date of injury was 09-08-2004. Progress notes dated 8/18/2014 documented that the patient underwent L4-5 and L5-S1 anterior fusion in 2010. She is status post removal of painful hardware on 4/9/14. She is now able to lay down on her back. She has started aqua therapy and feels stronger in her legs and has longer walking tolerance. She has persistent pain in her SI sacroiliac joints and the left side of her low back. Physical examination was documented. Motor strength is 5/5 bilateral lower extremities. Sensory exam is intact symmetric to light touch. Posterior lumbar incision is clean, dry, and intact. MRI magnetic resonance imaging of the lumbar spine dated 8/13/14 reveals at the L5-S1 level, there may be some granulation or postsurgical tissue in the region of the right neural foramen as the fat around the nerve appears infiltrated. The appearance probably is not significantly changed from the prior exam dated September 3, 2012. MRI magnetic resonance imaging of the lumbar spine performed on Aug 13, 2011 documented status post L4-S1 fusion. Anatomic alignment was maintained. No high-grade spinal canal or foraminal stenosis was seen. No disc herniations were identified. Diagnoses and impression was that the patient was four months status post removal of painful hardware, who is now able to lay on her back. She has persistent pain on the left side of the low back which is tender to touch, as well as bilateral sacroiliitis. Treatment plan was documented. No further neurosurgical intervention was recommended at that time. The patient was referred to her pain management physician for bilateral SI sacroiliac joint blocks, as well as for trigger point injections. She was to continue with the aqua therapy. Physical therapy correspondence documented the completion of twelve visit of pool physical therapy. Regarding the patient's functional status, the patient was able to walk up to three miles with breaks. Progress report dated 10/14/14 documented that the patient had no new injuries. Hips, knees, and ankles

demonstrated full range of motion bilaterally. Lower extremity motor strength was 5/5. Gait was normal. Weight was 135 pounds. Utilization review determination date was 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records do not document obesity. The patient's weight was 135 pounds. Medical records document that the patient was ambulatory and was able to walk three miles. The patient's gait was normal. Hips, knees, and ankles demonstrated full range of motion bilaterally. Lower extremity motor strength was 5/5. The medical records do not support the medical necessity of aquatic therapy in accordance with MTUS guidelines. Therefore, the request for Aquatic Therapy 2 x 6 sessions is not medically necessary.