

Case Number:	CM14-0179611		
Date Assigned:	11/04/2014	Date of Injury:	05/12/2010
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old female with a 5/12/10 date of injury, and L5-S1 anterior and posterior fusion in 2013. At the time (10/14/14) of request for authorization for Aquatic physical therapy for the lumbar spine (2 x 4) 8 sessions, there is documentation of subjective (increased left sided low back/hip pain radiating to lateral aspect of the thigh) and objective (tenderness over the left lower lumbosacral region, decreased range of motion, and decreased left L5 and S1 sensation) findings, current diagnoses (degenerative thoracic/lumbosacral intervertebral disc), and treatment to date (medications). There is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy for the lumbar spine (2 x 4) 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. California MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). Official Disability Guidelines (ODG) identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders without myelopathy. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction. Within the medical information available for review, there is documentation of a diagnosis of degenerative thoracic/lumbosacral intervertebral disc. However, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested aquatic physical therapy for the lumbar spine (2 x 4) 8 sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Aquatic physical therapy for the lumbar spine (2 x 4) 8 sessions is not medically necessary.