

Case Number:	CM14-0180284		
Date Assigned:	11/04/2014	Date of Injury:	08/04/2013
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 51 year old male with an injury date of 08/04/13. The 09/24/14 progress report by [REDACTED] states that the patient presents with lower back pain radiating to the bilateral legs with pain and numbness. Examination of the lumbar spine shows tender lumbar paraspinals and diminished range of motion. The patient's diagnoses include: 1.Lumbar spinal strain2.Left lumbar radiculopathy, likely disc herniation.The utilization review being challenged is dated 10/08/14. The rationale is that there is lack of documented functional improvement and the 18 sessions requested exceed what is allowed by guidelines. Reports were provided from 03/26/14 to 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic Therapy Visits: 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 Anti-Inflammatory Medications, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs with pain and numbness. The provider requests for 18 aquatic therapy visits. MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". Furthermore, MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visit are recommended over 8 weeks. For Neuralgia, neuritis and radicalistic 8-10 visits are recommended. The provider does not discuss this request. There is no indication the patient is within a post-surgical treatment period. The reports provided show the provider requested the start of 6 sessions of physical therapy on 03/26/14 and on 09/26/14 that the patient was continuing physical therapy. The 03/27/14 physical therapy report provided shows that the patient was discharged from therapy of the lumbar spine after 4 visits as he had obtained maximum benefit. On 07/30/14 the treatment plan states that aqua therapy is to be ordered and on 09/24/14 it is to be continued. The patient is noted to be performing a home exercise program. It is not clear from the reports provided if this request is for the therapy visits ordered on the 07/30/14 report or if it is additional therapy. The Request for Authorization is not included. The provider does not state why aqua therapy is needed as an alternative to land based therapy, the results of prior therapy sessions or why the patient's home exercise program is inadequate. The 08/20/14 aqua therapy evaluation report states the reason for referral is decreased mobility and strength with an increase in pain. There is no discussion of obesity in this patient by [REDACTED]. The 09/16/14 examination by [REDACTED] states the patient is 5 feet 7 inches and 197 pounds. In this case, there is not sufficient documentation to support the need for reduced weight bearing therapy. Furthermore, the 18 visits requested exceed what is allowed per MTUS guidelines. As such, aquatic therapy visits is not medically necessary and appropriate.