

Case Number:	CM14-0024923		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2012
Decision Date:	08/01/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Emergency Medicine and is licensed to practice in Florida. 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 54 year-old with a date of injury of 02/15/12. A progress report associated with the request for services, dated 01/20/14, identified subjective complaints of low back pain and numbness in the feet. Objective findings included decreased range-of-motion of the lumbar spine and diminished reflexes. Diagnoses included ten months status post L4-5 and L5-S1 decompression and stabilizing procedure. Treatment has included a previous lumbar decompression. She had completed 3 aquatic therapy sessions. Her back pain was unchanged. She was still requiring four Norco per day. A Utilization Review determination was rendered on 02/27/14 recommending non-certification of additional aquatic physical therapy twice a week for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic physical therapy twice a week for six weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits for lumbar disc disease, neuralgia, neuritis, and radiculitis include 8-10 visits over 4-8 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home Physical Medicine. In this case, the record indicated that the patient had received 3 visits of aquatic therapy. The RFA was not included to determine whether the 12 visits was the original request or additional therapy. However, 12 visits would exceed the recommendation of a total of 8-10 visits as well as fading of therapy. Additionally, there is no documentation of self-directed home physical therapy. Therefore, the request for additional aquatic therapy twice a week for six weeks for the low back is not medically necessary and appropriate.