MAXIMUS Federal Services

Case Number:	CM14-0028586		
Date Assigned:	06/16/2014	Date of Injury:	12/11/2009
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurological Surgery 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 injured worker is a 56-year-old female who was reportedly injured on December 11, 2009. The mechanism of injury was noted as pulling heavy items during her course of work, resulting in low back pain with radiculopathy. The most recent progress note, dated February 9, 2014, indicated improving low back pain and leg pain with residual leg pain and numbness. It further stated that the injured is currently ambulating quite well and is happy with the outcome. The physical examination demonstrated well-healed incisions, pain to palpation over L4-L5 with comparable spasms. Range of motion of the lower back was limited due to pain. Motor strength on the left lower extremity was 3-4/5 and +5/5 on the right lower extremity. Sensory was diminished on the lateral portion of the injured worker's extremity. Deep tendon reflexes were equal bilaterally. There was a positive straight leg raise on the left. Pulses were equal bilaterally. Diagnostic imaging studies: Computed tomography of the lumbar spine and x-rays from October 2012 and MRI of October 2012 reveal the presence of posterior pedicle screws at L3-L4 with a stable Grade I spondylolisthesis stenosis at L2-L3 with moderate stenosis at L4-L5. EMG (electromyography) noted bilateral L5-S1 radiculopathy. New x-rays on date of visit demonstrated fusion in progress on the lumbar Computed Tomography (CT). Previous treatment included chiropractic treatments, medications, activity modification, physical therapy, epidural steroid injections, acupuncture, aqua therapy and previous failed L3-L4 fusion, status post 360 fusion L2 thru L5. The record reflects the injured worker has also had psychotherapy. A request was made for 18 sessions of water therapy and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER THERAPY 18 VISITS, LOW BACK: 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: CA MTUS Chronic Pain Medical Treatment Guidelines note that aquatic therapy is recommended as an optional form of exercise and is specifically recommended where reduction in weight-bearing is recommended, such as in extreme obesity or fibromyalgia. The clinical information presented for review fails to specify any objective functional gains from previous water therapy or offer a comprehensive clinical reason as to why aquatic therapy, as opposed to land-based therapy, is needed. Therefore, the requested water therapy is not medically necessary.