

Case Number:	CM14-0029139		
Date Assigned:	06/16/2014	Date of Injury:	03/09/2011
Decision Date:	07/30/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/07/2014

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 39 year old male with an injury date of 03/09/11. Based on the 02/10/14 progress report the patient complains of pain in the low back and coccyx/tailbone which varies between being constant and intermittent. The pain radiates into the bilateral lower extremities through the bilateral buttocks, hips, and knees. He complains of a reduced range of motion and painful movement. Examination of the lumbar spine reveals limited flexion and extension range of motion maneuvers. The patient's diagnoses include the following: Lumbar spine- discogenic back pain with spinal stenosis; Lumbar spine- a 5 mm broad-based right paracentral disc protrusion at L5-S1, impression upon the exiting right symptoms nerve root. The AP dimension of the spinal canal severely narrows at this level secondary to epidural lipomatosis; a 1 mm circumferential disc bulge with a superimposed focal left paracentral disc protrusion at L4-5, which measures at least 4 mm; Lumbar spine, status post anterior discectomy at L4-5 and L5-S1 with interbody fusion using Actifuse and instrumentation, and posterior L4-S1 decompression, posterolateral fusion with pedicle screws using autograft and Actifuse. The request is for twelve aquatic physical therapy visits for the lumbar spine. The utilization review determination being challenged is dated 02/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE AQUATIC PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE:
Overturned.

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (MTUS post-surgical Page(s): 25, 26.

Decision rationale: In regards to post-surgical treatment, guidelines recommend 34 visits over 16 weeks for a lumbar fusion. It was documented that the patient has already had 12 sessions of aquatic therapy and requested 12 additional physical therapy sessions. The patient has completed a total of 24 sessions of aquatic therapy and is now requesting for 12 more, which would bring the total to 36 sessions of aquatic therapy, exceeding what the guidelines recommend. However, the patient is outside of post-op time frame and multi-level lumbar fusion surgery does require extended therapy. As such, the request is medically necessary.