

Case Number:	CM14-0030171		
Date Assigned:	06/20/2014	Date of Injury:	06/22/2007
Decision Date:	07/30/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery and is licensed to practice in Colorado and Texas. 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 61-year-old male who reported injury on 06/22/2007. The injured worker underwent a spinal cord stimulator placement in 06/2011, a revision of a right L4-5/L5-S1 lateral recess foraminotomy/L5-S1 laminectomy with fusion on 04/16/2012. The other therapies included physical therapy, acupuncture, traction, and water therapy. The documentation of 02/20/2014 revealed the injured worker had treatment with selective nerve root block. The injured worker had 12 sessions of aquatic therapy with significant relief. Upon examination, the injured worker had full range of motion with pain and a positive straight leg raise to 60 degrees with hamstring tightness. The treatment plan included continued water therapy for back strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Water Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an option form of exercise therapy that is specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for radiculitis is 8 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended 12 sessions. There was a lack of documentation indicating a necessity for reduced weight-bearing therapy. There was a lack of documentation indicating objective functional benefit that was received. The request as submitted failed to indicate the body part to be treated with the aquatic therapy. Given the above, the request for 6 additional water therapy sessions is not medically necessary.