

Case Number:	CM14-0030941		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2012
Decision Date:	08/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational and Environmental Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 64-year-old male with a date of injury of 7/6/12. The available records note he has lumbar disc degeneration, a lumbar disc displacement (L5-S1) and spinal stenosis with neurogenic claudication. He had a lumbar laminectomy in May of 2013 and radiofrequency ablation of the facet joints at L3-4, L4-5 and L5-S1 in December 2013 and per the records has had some improvement in function since that time. He has been receiving physical therapy with some improvement in pain level and range of motion noted. He endorses increased pain with long-term sitting or any sort of facet weight loading movements. He is taking Norco and Flexeril for chronic pain control and muscle spasms. This individual is noted to be obese with a body mass index (BMI) of 32.571 with hypertension and type 2 diabetes. There is also reference to numbness in his bilateral feet but it is unclear in the records if this is due to the spinal injury or diabetic peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Three Times A Week For Four Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation 1) MD Guidelines, Aquatic Therapy 2) Dunder U, et al. Clinical effectiveness of aquatic exercise to treat chronic low back pain: a randomized controlled trial. Spine (PhilaPa 1976). 2009;34:1436-1440.

Decision rationale: California MTUS guidelines state that 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. MD Guidelines similarly states, If the patient has subacute or chronic low back pain (LBP) and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic low back pain (LBP). The medical documents provided do indicate that the patient was extremely obese with a BMI of 32.571 and has been noted to have significant degeneration in addition to receiving ablative therapy to facet joints at three spinal levels. The MD guidelines note that a trial of aquatic therapy is recommended but does not define the length or frequency of a therapeutic trial. Dunder et al. utilized an initial therapy period of 4 times a week for 5 weeks and demonstrated significant improvement in low back pain within his cohort. As such, the request for three times per week for four weeks of aquatic therapy is deemed medically necessary.