

Case Number:	CM14-0032837		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 Pain Management 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 32-year-old male with a date of injury of 02/15/2012. The listed diagnosis per [REDACTED] is status post L5-S1 microdiscectomy with good resolution of radiculopathy from 10/07/2013. According to progress report 02/27/2014 by [REDACTED], the patient is status post microdiscectomy 3 months ago, which was "extremely effective". He noted the patient was progressing well until last week when he had an episode of pain radiating into the right groin. The pain has become very intense and the patient was seen in the emergency room and released with medication. The patient was encouraged to continue antiinflammatory medications and reduce physical activity. The treater recommends additional 12 sessions of aquatic therapy to achieve increased strength. Utilization review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy 2x6 weeks (Has completed 13 post-op by 12/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: This patient is status post L5-S1 microdiscectomy on 10/07/2013 with good resolution of radiculopathy. On 02/27/2014, it was noted the patient was progressing well until one week ago when he felt an exasperation of radiating pain down to his groin. The treater is recommending additional 6 weeks of therapy to "really strengthen the lumbar spine." The request is for additional 12 sessions of aquatic therapy. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS post surgical guidelines allows for discectomy/laminectomy 16 visits over 8 weeks. This patient has received 13 post operative physical therapy sessions. Physical therapy notes are not provided for review. In this case, additional 3 sessions would be indicated, but the treater is requesting additional 12 session which exceeds MTUS post surgical guidelines. For outside of post-operative guidelines, 9-10 sessions are recommended for myalgia/myositis or neuritis/neuralgia as well. There is no indication why the patient is unable to perform home exercises. Recommendation is for denial.