MAXIMUS Federal Services

Case Number:	CM14-0033746		
Date Assigned:	06/23/2014	Date of Injury:	07/06/2007
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 42-year-old man who sustained a work-related injury on July 6, 2007. Subsequently, he developed back pain. The patient was diagnoses included status post hardware removal with subsequent wound infection and pulmonary embolism; post-operative bilateral lumbar radiculopathy; status post L5-S1 fusion with persistent pain; and scar allodynia at the abdominal incision. Treatment had included status post neuroplasty with decompression at L3-4, L4-5, L5-S1 in 2008; anterior posterior L5-S1; instrumented fusion in 2010; hardware removal and augmentation of fusion at L5-S1; decompression at right L5-S1 with nerve root foraminotomy in 2011; incision and drainage of the lumbar spine in 2011; and physical therapy in April 2013. A CT of the lumbar spine dated January 14, 2012 showed postoperative changes compatible with prior fusion at the L5-S1 level, and grossly normal post-operative appearance. The patient's medication included: Ibuprofen, Temazepam, Hydrocodone, Tizanidine, Norco, Motrin, Restoril, and Zanaflex. The patient has history of methamphetamine use, and current daily use of tabacco and alcohol. He had been prescribed opiates for a prolonged period of time for at least 6 months. His physical examination was significant for lumbar tenderness with restricted range of motion, and normal neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 visits: 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 Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. There is no clear evidence that the patient is obese or need have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from aquatic therapy. The provider stated that the request for aquatic therapy was to reduce flare-up. There is no clear explanation for the use of aquatic therapy as an alternative to land based therapy in this case. Outcome of previous physical therapy wasn't documented. Therefore the prescription of aquatic therapy is not medically necessary.