

Case Number:	CM14-0041893		
Date Assigned:	06/30/2014	Date of Injury:	08/17/1999
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehab, 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 51-year-old male with date of injury of 08/17/1999. The listed diagnoses per [REDACTED], are: Degeneration of the lumbosacral intervertebral disk, Lumbago, Thoracic or lumbosacral neuritis or radiculitis and myositis. According to this report, the patient complains of low back and left leg pain. He remains stable with his current regimen and no side effects were reported. He states that medications reduce his pain levels. The patient has been compliant with pain management/controlled substances. There is no documentation of physical examination in this report. The Utilization Review denied the request on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 4xwk x 18 wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Low Back Chapter and Physical Therapy Guidelines.

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

Decision rationale: This patient presents with low back and left leg pain. The treater is requesting 72 aquatic therapy visits for the lumbar spine. The MTUS page 22 on aquatic therapy recommends this as an option for land-based therapy, specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 visits are indicated for various myalgias and neuralgias. The physical therapy report dated 02/25/2014 notes aquatic therapy visit #7, showing that the patient greatly benefits from water therapy, reporting pain relief, and improved muscle tone and cardiovascular benefits. In this case, the patient received 7 aquatic therapies with benefit recently. The treater does not provide a rationale why 72 additional sessions are needed. Furthermore, the requested 72 sessions of aquatic therapy combined with the previous 7 that the patient received far exceed MTUS Guidelines. Therefore, the request is not medically necessary.