

Case Number:	CM14-0042282		
Date Assigned:	06/30/2014	Date of Injury:	06/26/2006
Decision Date:	09/12/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Medicine and is licensed to practice in Arizona. 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 52 year old male with a date of injury on 6/6/2006. The patient is status post lumbar fusion at L4-S1 and a revision decompression on 11/27/2013. Subjective complaints are of persistent and increasing pain and stiffness in the lumbar spine with numbness, tingling and weakness. The patient uses a wheel chair. He can ambulate independently but is slow and unsteady. Physical exam reveals tenderness over the lower back muscles with spasm, decreased range of motion, and positive bilateral straight leg raise and Lasegue test. There is decreased strength, reflexes, and sensation bilaterally. Medications include OxyContin, Oxycodone, Kepra, Gabapentin, Paxil and Xanax. Previous treatment has included pain management, and 20 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Aquatic Physical Therapy three times a week for six weeks for the back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Aquatic Therapy.

Decision rationale: The California MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The Official Disability Guidelines recommends aquatic therapy 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. For this patient, there is no evidence of failure of land based therapy or presented rationale why land based exercise or therapy was not sufficient. The patient had previously received 20 sessions of physical therapy and documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the medical necessity of aquatic therapy is not established.

Continued Treatment with pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The Official Disability Guidelines recommends office visits are determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there are ongoing pain complaints, and multiple pain medications are being utilized. Therefore, the request for continued pain management is medically necessary.