MAXIMUS Federal Services

Case Number:	CM14-0048639		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2001
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Internal 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:

This 53-year-old complainant had an injury to his cervical, thoracic and lumbar spine in May 2001, while loading heavy boxes. He has had multiple thoracolumbar fusions for a failed lumbar fusion, pseudarthrosis, thoracic cord compression and myelopathy. He walks with a cane. He has some urinary incontinence and gait problems with some falls. He had a Cervical Discectomy and C4-5 Fusion on October 9, 2013 and had 12 physical therapy sessions in January and February of 2014. The therapy focused on his global weakness and balance issues. He supplemented the physical therapy with home stretching. While still in physical therapy, it was suggested that the patient have aquatic therapy in addition to completing the remaining physical therapy sessions. The physical therapist felt he might benefit with the water therapy for his lower extremities and balance issues; but she suggested that he continue with land based therapy for additional strengthening of his upper extremities. At the end of his physical therapy, it was felt that the complainant had made little progress. The patient takes high doses of opiates, Gabapentin, Cymbalta, Soma and Oxazepam for his chronic pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2 times a week for 6 weeks for the cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Aquatic Therapy,Postsurgical Treatment

Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), intervertebral disc disorder with myelopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98,Postsurgical Treatment Guidelines Page(s): 10-13. Decision based on Non-MTUS Citation California Labor Code Section 4604.5C.

Decision rationale: In the post-surgical setting after a spine discectomy and fusion, the MTUS allows for up to 24 physical medicine visits for the neck over a 16 week time period. (Pool therapy is treated as a form of physical therapy.) There should be periodic monitoring, for instance after the first 12 physical therapy visits, and if the evaluations show functional improvement, subsequent therapies could be authorized. In this situation, after undergoing a neck surgery the patient was evaluated after twelve physical therapy visits. There was minimal improvement in his neck symptomatology and thus he does not qualify for any additional physical medicine treatments during the post-surgical period. However, the physical therapist had primarily suggested pool therapy not for the neck issues, but really to focus on the lower extremities and balance issues. These both have been longer term problems that predated the most recent cervical surgery; thus, this request for pool therapy should be considered as part of an overall Chronic Pain Medical Treatment. There is no indication in the medical records provided to indicate what the patient's utilization has been on physical therapy or pool therapy and whether there has been any functional improvement that might provide justification for further treatment. This information is needed prior to making a determination. Thus, this authorization request is deemed not medically necessary.