

Case Number:	CM14-0048749		
Date Assigned:	06/25/2014	Date of Injury:	10/29/2009
Decision Date:	07/29/2014	UR Denial Date:	03/04/2014
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 Physical Medicine 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 41-year-old male with date of injury of 10/29/2009. The listed diagnoses per [REDACTED] are: 1. Degenerative disk disease, lumbar spine. 2. Spinal stenosis of the lumbar spine. 3. Spondylolisthesis. 4. Displacement of the disk. 5. Sciatica. 6. Stenosis, cervical. 7. Sprain/strain of the lumbar spine. 8. Sprain/strain of the neck. 9. Displacement disk without myelopathy. 10. S/P anterior lumbar fusion, L4-L5 and L5-S1 from 10/14/2013, [REDACTED]. According to the report dated 09/13/2013, the patient continues to have some pain in the neck radiating into the legs. The physical exam shows active voluntary range of motion of the thoracolumbar spine but severely limited. The patient can only forward flex to approximately 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. Lateral bending was also limited significantly. Straight leg raise was positive bilaterally at 50 degrees. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. The utilization review denied the request on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy treatment to the lumbar spine for 8 sessions 2 times a week for 4 weeks.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

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

Decision rationale: The review of 75 pages of records do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results were accomplished. The progress report, following the surgery, dated 10/31/2013 notes that the patient is currently doing reasonably well following his extensive surgery. The surgical incision in the abdomen is healing nicely. Straight leg raise and Femoral Stretch test were negative. Roentgenographic studies look excellent. The patient has been provided with appropriate medications to maintain his condition. In this case, while the patient does not report any weight bearing issues, he can benefit from a water-based therapy to minimize the effects of gravity while performing therapeutic exercises following fusion surgery. Furthermore, the requested 8 sessions are within guidelines. Recommendation is for authorization.