

Case Number:	CM14-0054455		
Date Assigned:	07/07/2014	Date of Injury:	11/10/2010
Decision Date:	08/15/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 Pain Management 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 52 year old with an injury date on 11/10/10. Patient complains of lower back pain and bilateral lower extremities radiculopathy as of 1/6/14, but on 2/3/14 the report states "leg pain is gone." Patient had two level arthrodesis on 11/16/13, uses cane/back brace, and is able to walk 3-4 blocks, 3-4 times a day per 2/3/14 report. Based on the 2/3/14 progress report provided by [REDACTED] the diagnosis is s/p L4-L5, L5-S1 posterolateral interbody fusion. Most recent physical exam on 2/3/14 showed "L-spine has tenderness to palpation over paraspinals and the incision site. Mild guarding on flexion and extension. Range of motion testing no done due to recent surgery. He does have right sciatic notch tenderness." [REDACTED] is requesting aqua therapy 2x week x8 weeks for lumbar spine. The utilization review determination being challenged is dated 4/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/9/13 to 2/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 X Week X 8 Weeks for Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 3/18/14) Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy Page(s): 22, 25-26.

Decision rationale: This patient presents with lower back pain and is s/p discectomy at L4-L5, L5-S1 and laminectomy at L5 from 11/16/13. The provider has asked for aqua therapy 2x week x8 weeks for lumbar spine on 2/3/14. Review of the report shows patient has not had post-operative physical therapy as of 2/3/14. Patient has been instructed in a home exercise program as of 1/6/14, and is currently walking with non-antalgic gait and can heel/toe walk without difficulty. MTUS Postsurgical treatment guidelines for discectomy/laminectomy recommend 16 visits over 8 weeks within 6 months of surgery. ODG guidelines recommend 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. There may be advantages to weightless running in back pain recovery. Another RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise. In this case, the patient has not yet begun land-based physical therapy, but the provider appears to be requesting aquatic therapy. The requested 16 sessions of aqua therapy is reasonable given the patient's recent lumbar surgery. Recommendation is medically necessary.