

Case Number:	CM14-0060951		
Date Assigned:	07/09/2014	Date of Injury:	07/11/2011
Decision Date:	08/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 43 year old with an injury date on 7/11/11. Patient complains of lower back pain with tingling into buttocks and bilateral lower extremities per 1/22/14 report. Patient had numbness in his legs that led to a fall out of bed that reinjured back per 1/22/14 report. The 4/2/14 shows patient's symptoms are unchanged. Based on the 1/22/14 progress report provided by [REDACTED] the diagnosis is failed lower back surgery. Exam on 4/2/14 showed patient uses a cane. There are no range of motion testing results. Light touch sensation in the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle are diminished per 4/2/14 report. The 11/25/13 report showed patient was unable to ascend step stool to exam table due to balance issues. Straight leg raise exam was negative bilaterally at 60 degrees per 11/25/13 report. [REDACTED] is requesting aquatic therapy 2 times a week for 6 weeks. The utilization review determination being challenged is dated 4/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/25/13 to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation ODG-TWC Aquatic therapy.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for aquatic therapy 2 times a week for 6 weeks on 1/22/14. The medical records provided for review do not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, the MTUS Chronic Pain Guidelines states aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The ODG state there may be advantages to weightless running in back pain recovery. The MTUS Chronic Pain Guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater seems to be requesting aquatic therapy for the patient's balance issues, and for the patient's recent re-injury to his low back. However, there is no discussion regarding the need for weight-reduced exercises or extreme obesity to warrant aqua therapy. Furthermore, the requested 12 sessions exceeds what is allowed by the MTUS Chronic Pain Guidelines for this kind of condition. As such, the request is not medically necessary and appropriate.