

Case Number:	CM14-0070754		
Date Assigned:	07/14/2014	Date of Injury:	04/09/2009
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 Pain 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 57 year old female with an injury date on 04/09/2009. Based on the 05/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post L4-S1 anterior/posterior fusion. 2. Partial bony fusion by CT, August 2012. 3. Post-laminotomy left sacroiliitis SI joint rhizotomy, January 2013. 4. Increasing lucency of S1 screws. 5. Status post outpatient detox. 6. Reports of depression, anxiety. 7. Reports of sleep disorder. 8. New acute compression fracture at superior endplate of L3. 9. Chronic pain syndrome. 10. Gastritis / irritable bowel symptoms. 11. New onset severe hypertension. 12. Chronic hyperkalemia. According to this report, the patient complains of ongoing severe weight gain and low back pain. The patient has persistent severe left SI joint tenderness. Lumbar range of motion is restricted and painful. [REDACTED] is requesting 12 sessions of aquatic therapy and [REDACTED]. There were no other significant findings noted on this report. The utilization review denied the request on 04/18/2014. [REDACTED] is the requesting provider, and provided treatment reports dated 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 05/13/2014 report by [REDACTED] this patient presents severe weight gain and low back pain. The treating physician is requesting 12 sessions of aquatic therapy. The most recent progress report is dated 05/13/2014 and the utilization review letter in question is from 04/18/2014. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based PT in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. In this case, the treating physician does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. Given no recent therapy history, a short course of therapy may be reasonable to address a flare-up or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS. Request is not medically necessary.

[REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Weight loss program, Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039.

Decision rationale: According to the 05/13/2014 report by [REDACTED] this patient presents severe weight gain and low back pain. The treating physician is requesting [REDACTED]. The utilization review denial letter states the five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, Nutri System pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. In this case, the treating physician does not provide BMI and the requested weight reduction program is not supported by guidelines. Request is not medically necessary.