

Case Number:	CM14-0086563		
Date Assigned:	07/23/2014	Date of Injury:	11/06/2006
Decision Date:	10/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational Medicine 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 63 year old female who was injured on 11/06/2006. The mechanism of injury is unknown. Prior treatment history has included physical therapy, home exercise program. Prior medication history included Oxycontin, oxycodone, Soma, and Xanax. The patient underwent status post fusion on 07/17/2013. Diagnostic studies reviewed include CT of the lumbar spine without contrast dated 12/19/2013 revealed a minimal disc bulge without significant stenosis at L2-3; There is mild disc bulge spondylosis at L3-4; At L4-5, there is postsurgical changes present and at L5-S1, postsurgical changes are appreciated and bilateral neural stenosis observed. Pain management note dated 11/15/2013 indicates the patient presented with complaints of low back pain and neck pain which she rated as 6/10. She noted the pain radiated down to bilateral buttocks while the left-sided neck pain radiated down to the left shoulder and arm with numbness and tingling. On exam, the lumbar spine revealed moderate tenderness to palpation over the lumbar paraspinal muscles. There is moderate facet tenderness to palpation at the L4 through S1 levels. She had positive SI joint tenderness. Lumbar spine range of motion revealed lateral bending to 20 degrees on the right and 15 degrees on the left; flexion to 60 degrees and extension to 10 degrees. On neurosurgical report dated 04/23/2014 the patient was seen for low back pain and rated her pain as 7/10 with medications. She reported improvement in her back and leg pain with physical therapy. On exam, lumbar spine revealed tenderness and spasm of the paralumbar muscles. On examination of the lumbar spine range of motion, flexion was at 35/60; extension at 15/25; right lateral flexion 15/25; and left lateral flexion 15/25. The patient is diagnosed with status post lumbar spine A-P fusion (2010); mild disc bulge at L3-4 with spondylosis; minimal disc bulge at L2-3. This patient was recommended to continue with aquatic physical therapy as she has had improvement of low back and radicular leg symptoms with an updated home exercise program; and continued home healthcare. Prior utilization review dated 05/08/2014

states the requests for Continued Aquatic Physical therapy twice weekly for 6 weeks with updated Home Exercise Program; and Continuing Home Healthcare 4 hours a day, 7 days a week, for 6 weeks are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Aquatic Physical therapy twice weekly for 6 weeks with updated HEP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, aquatic therapy is "recommended 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. For recommendations on the number of supervised visits, see Physical medicine." In this case 12 additional aquatic therapy visits are requested for a 63-year-old female with chronic low back pain status post lumbar fusion surgery and revision. Medical records document symptomatic improvement with therapy. However, there is no documentation of functional improvement. Number of prior therapy visits and date of surgery are not provided. Medical necessity is not established.

Continuing Home Healthcare 4 hours a day, 7 days a week, for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home health services are, "recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, a request is made for continuing home healthcare for a 63-year-old female with chronic low back pain status lumbar fusion surgery and revision. However, date of most recent surgery is not provided. No specific rationale for home healthcare is provided. The patient does not appear to be home-bound or in need of home-based medical treatment. Medical necessity is not established.

