

Case Number:	CM14-0089724		
Date Assigned:	07/23/2014	Date of Injury:	11/16/1998
Decision Date:	09/08/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 58-year-old female with an 11/16/98 date of injury. At the time (6/6/14) of the Decision for 12 continued aquatic/physical therapy for the lumbar spine, 2x/week for 4 weeks, outpatient, there is documentation of subjective (neck and low back pain) and objective (tenderness over paraspinalis musculature and decreased lumbar range of motion) findings, current diagnoses (neuralgia, neuritis/radiculitis, and reflex sympathetic dystrophy), and treatment to date (physical therapy, medications, and aquatic therapy). The number of previous aqua therapy cannot be determined. In addition, there is no documentation of why reduced weight bearing therapy is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 continued aquatic/physical therapy for the lumbar spine 2x/week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 12 visits over 8 weeks in the management of lumbosacral neuritis/radiculitis. Within the medical information available for review, there is documentation of diagnoses of neuralgia, neuritis/radiculitis, and reflex sympathetic dystrophy. In addition, there is documentation of previous aquatic therapy treatments. However, there is no documentation of why reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of the number of previous aquatic therapy sessions. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 12 continued aquatic/physical therapy for the lumbar spine 2x/week for 4 weeks is not medically necessary.