

Case Number:	CM14-0096265		
Date Assigned:	09/15/2014	Date of Injury:	12/27/2007
Decision Date:	12/31/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation, 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 49 year old female with date of injury in 12/07. The treating physician report dated 5/30/14 indicates that the patient presents with pain affecting the lumbar spine, bilateral lower extremity and bilateral SI joint pain. The physical examination findings reveal pain with lumbar extension, flexion; bilateral lower extremity pain with SLR; bilateral SI joint pain with Fabers and sacral sulcus palpation. Prior treatment history includes therapy with no improvement, aqua therapy with some improvement, NSAIDs and narcotics. MRI findings reveal postsurgical changes at the L4-L5 and L5-S1 levels without evidence of significant spinal canal or neural foraminal narrowing. The current diagnoses are: Lumbar post laminectomy syndrome, Lumbosacral spondylosis, Lumbar disc degeneration, Sacroiliitis and Myalgia / myositis. The utilization review report dated 6/17/14 denied the request for aquatic therapy for the lumbar at 3 times a week for 6 weeks based on lack of medically necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the lumbar at 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatherapy Page(s): 22.

Decision rationale: The patient is a 49 year old female who presents with lumbar spine, bilateral lower extremity and bilateral SI joint pain. The current request is for aquatic therapy for the lumbar at 3 times a week for 6 weeks. The injury occurred in 2007, which is 7 years prior to this request. The patient says she received some benefit from previous aqua therapy but there is no documentation provided regarding when this occurred. The MTUS guidelines support aquatic therapy and states, "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." The MTUS guidelines pages 98-99 recommend physical therapy which includes aquatic therapy for 8-10 sessions for myalgia and neuritis type pain. In this case the treating physician has not documented that reduced weight bearing exercise is medically necessary and the treating physician has requested 18 visits which is beyond the MTUS recommendation of 8-10 sessions. There is no indication why the patient would need formalized PT at this point (ie: new injury or new diagnosis) and there is no documentation of a recent surgery that would necessitate this request. Therefore, the request is not medically necessary.