

Case Number:	CM14-0097250		
Date Assigned:	07/28/2014	Date of Injury:	10/29/2012
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 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:

The patient is a 29-year-old female with a date of injury of 10/29/2012. The listed diagnoses per [REDACTED] are mild recurrent protrusion L4-L5, L5-S1; status post right L4-L5, L5-S1 microdiscectomy, 10/23/2013; and degenerative disk disease at L4-L5 and L5-S1, painful. According to progress report 06/05/2014, the patient presents with continued low back pain and right leg pain. Her low back pain radiates into the right lower extremity, occasionally to the left side. Treatment history has included medications, physical therapy, chiropractic treatment, epidural injections, and microdiscectomy and decompression with initial good relief, but the pain has returned. Examination of the lumbar spine revealed limited range of motion secondary to pain. Motor strength is 5/5. Light touch sensation is slightly diminished in the right S1 distribution. Straight leg raise is positive on the right side with extension at 60 degrees. The provider would like the patient to participate in water therapy twice a week for 6 weeks to "reduce the pain, increase range of motion postop to offload the disks." Utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy two times a week for six weeks for the Lumbar Spine: 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 Physical Medicine, Aquatic Therapy Page(s): 98-99 22.

Decision rationale: This patient presents with continued low back pain and right leg pain. The provider is recommending water therapy 2 times a week for 6 weeks to reduce pain and increase range of motion postop to offload the disks. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions of over 8 weeks. This patient is outside of the postsurgical timeframe. Review of the medical file indicates the patient has received 29 physical therapy visits to date. In this case, the patient does not have weight bearing restriction that would require aquatic therapy. Furthermore, the provider's request for 12 sessions exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.