

Case Number:	CM14-0173733		
Date Assigned:	10/27/2014	Date of Injury:	05/14/2013
Decision Date:	01/27/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/6/14 note indicates pain in the midline of low back with referred pain to the buttocks and left leg numbness and tingling. There is weakness of the left leg. Examination reports tenderness to palpation. There is positive straight leg raise on the left. There are not motor or sensory deficits. Patellar and Achilles reflexes are symmetric. Lumbar MRI from July 2013 shows DJD at L5-S1. The insured was recommended for fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The medical records do not document any finding of spine instability or indicate issue of the insured bearing weight. MTUS guidelines support pool therapy for patients with instability or where low impact exercise is intended to improve function. The medical records do not indicate intolerance or failure of standard physical therapy or indicate obesity. As such, pool therapy is not supported as medically necessary.