

Case Number:	CM14-0184230		
Date Assigned:	11/12/2014	Date of Injury:	07/23/1991
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Interventional Spine, 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:

This patient is a 77 year old male with an injury date of 7/23/91. Based on the 10/14/14 progress report, patient "states that his pain has not changed in location, quality, intensity, or character." He continues to "report lower back pain and left hip pain. No documentation was provided of an exam. Diagnoses are: (1) Arthropathy and (2) Sciatica. The 6/20/14 visit was to review results of the L-spine CT scan (though date unknown), which showed: "Multilevel postoperative changes, s/p laminectomy at T11-? and laminotomy at L5/S1, with posterior fusion visualized at T11-L3; solid bony posterior fusion at T11-12 to L1-2; at L2/3 a solid posterior bony fusion is seen; noted are prominent vacuum disc changes and adjacent sclerosis, without hardware failure/loosening seen; multilevel spondylosis/degenerative changes; moderate to severe canal stenosis at L2/3; with foraminal narrowing, most severe at T11/12, L2/3 and L4/5 and at L5/S1 on the right and moderate to severe bilateral foraminal narrowing at L3/4; atherosclerotic disease with bilateral iliac artery aneurysms and suspected right renal artery stenosis." Exam of patient showed:- Right ankle dorsiflexion tibialis anterior motor strength of 4/5- Strength on the left great toe extensor hallucis longus of 4/5- Absent right/left Babinski plantar reflexes- Decreased sensation of the upper thigh and lower thigh Work status is not addressed. The utilization review being challenged is dated 10/23/14. The request is for aqua therapy 2-3 a week for 8 weeks for the lower back, which was non-certed as "there is no indication that of non-weight bearing status or physical examination findings that suggest aquatic therapy would be required as opposed to land-based therapy." Three reports were provided, dated 6/20/14, 9/16/14, and 10/14/14, respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2-3 week for 8 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: This post-operative patient (though dates/surgery types not specified in provided reports) presents with ongoing lower back pain and left hip pain. The treater requests authorization for AQUA THERAPY 2-3/WEEK FOR 8 WEEKS FOR THE LOWER BACK "as this has provided him with significant pain relief in the past"; no report was submitted with the request. Regarding aquatic therapy, MTUS 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." Per the 6/20/14 report, notes indicate patient having "received approval for physical therapy, however, patient requests aqua therapy as he has obtained significant pain relief with this in the past" and "this is the 7th request authorization for aqua therapy 2-3/week x 8 weeks." This 77 year old patient s/p laminectomy, laminotomy, and multilevel fusions, according to the CT report reviewed at the 6/20/14 visit, shows "prominent vacuum disc changes" with "moderate to severe central canal stenosis at L2/3" and "moderate to severe bilateral foraminal narrowing at L3/4." While patient reports "his pain has not changed in location, quality, intensity, or character," he denies having any neurologic deficits. Though the total number of sessions post-operatively and beyond the post-operative period is unknown, MTUS guidelines pages 98-99 do allow for 9-10 sessions for various myalgias and neuralgias, which seem reasonable for this patient's ongoing symptoms. However, the request for an additional 16-24 sessions of therapy exceeds the quantity as allowed by MTUS guidelines. Recommendation is for denial.