

Case Number:	CM14-0209926		
Date Assigned:	01/27/2015	Date of Injury:	11/28/2007
Decision Date:	03/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 51 year old female, who sustained an industrial injury on 11/28/2007. The current diagnoses are right lower extremity radiculopathy, morbid obesity, and status post L3-4, L4-5 and L5-S1 posterior lumbar interbody fusion (8/19/2010). Currently, the injured worker complains of low back pain that radiates down her right lower extremity. The pain is rated 5/10 with medications and 8-9/10 without. Current medications are Norco, Ultram ER, Anaprox, Zanaflex, Ambien, and Prilosec. Treatment to date has included medications, trigger point injections, lumbar spinal cord stimulator (implanted 4/3/2014), and surgery. Per notes, the injured worker continues to have significant pain relief with the use of a spinal cord stimulator. She is reporting at least 70% pain relief to her lower back as well as radicular symptoms to her lower extremity. The treating physician is requesting 12 aqua therapy sessions for the lumbar spine, which is now under review. On 11/20/2014, Utilization Review had non-certified a request for 12 aqua therapy sessions for the lumbar spine. The aqua therapy was modified to 6 sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x6 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine Page(s): 22, and 98-99.

Decision rationale: This individual had a spinal cord stimulator placed greater than 6 months prior to the request for aquatic therapy. The Post Surgical Guidelines would not apply as even the most complex spinal surgeries have a 6 month span to be considered post op therapy and this procedure would have a much shorter post operative period if it was listed in the Guidelines which it is not. The MTUS Guidelines recommend Aquatic therapy for individuals who have limited ability to perform land based exercises and this individual appears to qualify on this basis. However, the Guidelines recommended up to 8-10 sessions adequate for guided therapy for chronic conditions such as this and then a transition to an independent program. This request is not supported by Guidelines due to the extent of the request. The request for Aquatic Therapy 2X6 (12 sessions) is not medically necessary.