

Case Number:	CM14-0211486		
Date Assigned:	12/24/2014	Date of Injury:	10/14/2013
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 52-year-old male with a 10/14/13 date of injury and status post laminectomy and discectomy at L3-S1 on 5/5/14. At the time (11/10/14) of the request for authorization for aquatic therapy 1x12 weeks for the lumbar, there is documentation of subjective (constant low back pain with right anterior thigh pain, numbness, and tingling) and objective (forward flexion is limited to 45 degrees and extension to 10 degrees, rotation is 20 degrees bilaterally, lateral bending is 10 degrees bilaterally, 4+/5 strength with right plantarflexion and 4/5 strength with knee extension) findings, current diagnoses (rule out lumbar herniated nucleus pulposus status post lumbar discectomy), and treatment to date (physical therapy from 5/28/14 to 6/20/14). There is no documentation that reduced weight bearing is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy once (1) per week for twelve (12) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Official Disability Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). Official Disability Guidelines identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorder. Within the medical information available for review, there is documentation of diagnoses of rule out lumbar herniated nucleus pulposus status post lumbar discectomy. However, there is no documentation that reduced weight bearing is indicated. In addition, the requested aquatic therapy 1x12 exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy once (1) per week for twelve (12) weeks for the lumbar spine is not medically necessary.