

Case Number:	CM14-0046495		
Date Assigned:	07/02/2014	Date of Injury:	03/08/1993
Decision Date:	01/05/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 63 year old female with an injury date of 03/08/93. Based on the 03/13/14 progress report provided by treating physician, the patient complains of low back pain. Patient is status post lumbar laminectomy and discectomy at 2 levels with decompression of radiculopathy 05/01/13. Physical examination revealed positive straight leg raise test to left and moderate tenderness of the sub trochanteric bursa, mostly at sciatic notch and down the posterior leg. Range of motion was decreased. Patient has a BMI of 34.95, which places patient in the obese category. Provider states in progress report dated 03/13/14 "flare up of radiculopathy etiology uncertain unlikely to be related to acute new change in anatomy severity of pain and previous response to treatment recommends that we carry out epidural injection to calm things down and continue with pool therapy." Diagnosis 03/13/14 are lumbar spinal stenosis, lumbar degenerative disc disease, degeneration lumbar/lumbosacral disc. The utilization review determination being challenged is dated 03/24/14. Treatment reports were provided from 09/18/13 - 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2 x a week for 6 weeks (lumbar spine): 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 Aquatictherapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The patient presents with low back pain. The request is for Aquatic Physical Therapy 2 x a week for 6 weeks (Lumbar Spine). Patient is status post lumbar laminectomy and discectomy at 2 levels with decompression of radiculopathy 05/01/13. Patient's diagnosis dated 03/13/14 included lumbar spinal stenosis, lumbar degenerative disc disease, and degeneration lumbar/lumbosacral disc. Provider states in progress report dated 03/13/14 that patient had "flare up of radiculopathy etiology" and recommends continuing with pool therapy. Patient has a BMI of 34.95, which places patient in the obese category. Provider has not discussed need for weight-reduced exercises, and patient is not extremely obese to qualify for water therapy, per MTUS. Furthermore, the request for 12 more sessions would exceed what is allowed by guidelines. Therefore, this request is not medically necessary.