

Case Number:	CM15-0130368		
Date Assigned:	07/16/2015	Date of Injury:	08/29/2013
Decision Date:	08/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/06/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male who sustained an industrial injury on 08/29/2013. Mechanism of injury was a slip and fall. Diagnoses include lumbar disc displacement without myelopathy, and lumbar spinal stenosis with neurogenic claudication. Treatment to date has included diagnostic studies; status post left L4-5 microdiscectomy, medications, acupuncture, and physical therapy. He is not working, was released to light duty but no positions are available. An unofficial report of lumbar x rays showed moderated L4-5 disc narrowing. Medications were not documented. A physician progress note dated 05/19/2015 documents the injured worker complains of back pain which he rates as 3 out of 10 and leg pain is rated 0-1 out of 10 on the pain scale. He has intermittent foot numbness and tingling. On examination he has tenderness in the lower back. Range of motion is flexion to his ankles, extension to 30 degrees without pain. He is demonstrating increased range of motion and decreased tenderness in his back. Treatment requested is for outpatient aquatic therapy 2 x per week x 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy 2 x per week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 56, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient presents with status post spinal stenosis of the lumbar region. The current request is for Outpatient aquatic therapy 2 x per week x 6 weeks for the lumbar spine. The treating physician states in the report dated 6/30/15, "I would also add some aquatic therapy to teach him aquatic exercise". (29B) the patient underwent a lumbar laminectomy and microdiscectomy on 9/11/14. The MTUS guidelines state, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy" and MTUS Post-Surgical guidelines allows 16 sessions of physical therapy. In this case, the treating physician has documented that the patient has completed 10 visits of physical therapy. The current request would exceed the recommended guideline of 16 visits. The current request is not medically necessary.