

Case Number:	CM15-0144674		
Date Assigned:	08/05/2015	Date of Injury:	11/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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

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 33-year-old man sustained an industrial injury on 11-21-2014. The mechanism of injury is not detailed. Diagnoses include lumbosacral disc herniation with lumbar radiculopathy with surgical repair. Treatment has included oral medications and surgical intervention. Physician notes dated 6-11-2015 show complaints of back pain rated 7-8 out of 10. Recommendations include aquatic therapy and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p87.

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for low back pain. He underwent a lumbar laminectomy in March 2015 followed by 12 post-operative physical therapy treatments. When seen, he was 3 months

status post surgery. His leg pain had improved. There was a BMI of 26. There was decreased spinal range of motion with a normal neurological examination. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, although the claimant is overweight, his surgery was uncomplicated and he has been able to participate in land based physical therapy. In terms of therapy after a lumbar discectomy, guidelines recommend up to 16 physical therapy visits over 8 weeks. The amount of additional therapy being requested is in excess of that recommended following this procedure. Providing this number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.