

Case Number:	CM15-0202390		
Date Assigned:	10/19/2015	Date of Injury:	11/08/2001
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 57 year old female, who sustained an industrial injury on 11-8-01. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included for status post anterior cervical discectomy fusion C4-5 (3-30-07); status post posterior lumbar interbody fusion L3-4 (9-5-07); status post lumbar hardware removal (10-21-10); status post lumbar fusion (1-2-15); physical therapy; medications. Currently, the PR-2 notes dated 8-31-15 indicated the injured worker was in the office for a follow-up evaluation and medication refill. She has been authorized for a pain management consultation at the end of the month. She complains of moderate to severe back pain. She indicates she is taking OxyContin 30mg twice daily. On physical examination, the provider documents "The patient has difficulty changing positions from sitting to standing. Her range of motion is restricted in the low back. Her gait is antalgic. Motor strength is 5 out of 5 in the bilateral lower extremities." The notes indicate the injured worker has had multiple lumbar surgeries including the most recent status post lumbar fusion (1-2-15). The provider's treatment plan includes a refill of her medications and aquatic therapy indicating she is "quite deconditioned". PR-2 dated 8-3-15 indicated she was having low back pain radiating to the left hip region. She reported having more difficulty with her day-to-day activities. And felt her pain levels were worsening; relying on her medications more. She is attending aquatic therapy. On this date, the provider administered trigger point injections into the lumbar spine region for her chronic pain. A referral for pain management was requested on this note. A Request for Authorization is dated 10-5-15. A Utilization Review letter is dated 9-30-15 and non-certification for Aquatic therapy x12 for status post lumbar fusion. This Utilization

Review letter indicates the reviewer spoke with the injured worker on 9-26-15. The injured worker "started post-operative physical therapy on 3-26-15 and has completed aquatic based PT x44 visits." A request for authorization has been received for Aquatic therapy x12 for status post lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x12 for status post lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents on 10/12/15 with moderate to severe back pain worsened by activity. The patient's date of injury is 11/08/01. Patient is status post lumbar fusion at L2-L5 levels with subsequent hardware removal at the L3-4 levels on 01/02/15, status post anterior cervical discectomy and fusion at C4-5 levels on 03/30/07, status post lumbar interbody fusion at L3-4 levels on 09/05/07 with subsequent hardware removal on 10/21/10. The request is for AQUATIC THERAPY X12 FOR STATUS POST LUMBAR FUSION. The RFA is dated 10/05/15. Physical examination dated 10/12/15 reveals tenderness to palpation of the posterior lumbar region with reduced range of motion noted, and difficulty changing position from sitting to standing secondary to pain. The patient is currently prescribed Oxycontin and Flexeril. Patient is currently disabled/retired. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the 12 sessions of additional aquatic therapy for the management of this patient's lower back pain, the requesting provider has exceeded guideline recommendations. This patient's most recent lumbar surgery was on 01/02/15, therefore she can no longer be considered in the immediate post-operative period. Per utilization review dated 09/30/15, the reviewer indicates that a peer-to-peer discussion with the primary care provider and physical therapist reveals that this patient has undergone 44 aquatic physical therapy visits to date, though this number cannot be clearly corroborated in the documentation provided. While the precise number of completed aquatic therapy sessions is unclear, there are at least two RFAs requesting 8-18 sessions of aquatic therapy for this patient's low back complaint, dated 07/09/15 and 08/01/15. Regardless of the exact number of completed aquatic therapy sessions to date, the current request for 12 sessions exceeds guideline recommendations (which only allow up to 10 visits) and cannot be substantiated. Therefore, the request IS NOT medically necessary.