

Case Number:	CM15-0027244		
Date Assigned:	02/19/2015	Date of Injury:	03/22/2011
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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 male who sustained an industrial injury on 3/22/11. The injured worker reported symptoms in the back and lower extremities. The diagnoses included status post L4-5, L5-S1 global arthrodesis, persistent axial low back pain status post fusion, mild bulging at T11-12 anterior kyphotic deformity, and depression and anxiety. Treatments to date include L4-5, L5-S1 global arthrodesis on 4/25/13 and oral pain medication. In a progress note dated 1/8/15 the treating provider reports the injured worker was with "daily back pain level 10+...toe walking is greatly diminished bilaterally secondary to pain. Heel to toe raising is greatly diminished secondary to pain. Transfers are slow." On 1/20/15 Utilization Review non-certified the request for Aqua therapy for the lumbar spine, twice a week for six weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p Global arthrodesis at L4-5 and L5-S1 on 04/25/13. The request is for 12 SESSIONS OF AQUA THERAPY FOR THE LUMBAR SPINE. None of the reports indicate whether or not the patient has had aqua therapy or physical therapy in the past. Per 01/08/15 progress report, heel walking is normal and motor exam is 5/5. MRI of the lumbar spine from 11/03/13 shows 1) the lumbar vertebral bodies maintain normal height alignment 2) no pars interarticularis defect 3) satisfactory post-op appearance of the lumbar spine without changes. MTUS page 22 states that aquatic therapy is "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." In this case, the treater has asked for aqua therapy but does not discuss why this is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. The patient is able to heel walk normally. The treater does not explain why aqua therapy is needed at this time and why the patient's home exercises are inadequate. The request IS NOT medically necessary.