

Case Number:	CM15-0219478		
Date Assigned:	11/12/2015	Date of Injury:	07/10/2012
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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 44 year old male who sustained an industrial injury on 07-10-2012. Medical records indicated the worker was treated for persistent low back pain. The worker had an anterior discectomy and fusion L5-S1 on 07-22-2014. In the provider notes of 08-27-2015, the worker complained of low back pain with radiation to the bilateral lower extremities, which he rates as an 8 on a scale of 0-10. He notes numbness and tingling in both legs. The worker takes Ultracet once daily for pain. On examination, he has decreased range of motion in all planes, and mild tenderness over the bilateral paraspinals. A computed tomography of the lumbar spine (03-30-2015) revealed his fusion did not appear to be solid. His diagnoses are a L4-5 small-moderate disc herniation, chronic left S1 radiculopathy Axonal Polyneuropathy per electromyogram nerve conduction velocity, and status post anterior discectomy and fusion L5-S1. Medications include Ultracet #60, and Gabapentin 300 mg #30. The treatment plan is for medications and follow-up in six weeks. In the prior report of 07-09-2015, it was noted that the worker had completed 6 of 12 aquatherapy sessions and reported no improvement and was advised to discontinue the treatments. A request for authorization was submitted 10-22-2015 for Aqua Therapy 2xWk x 3Wks, Lumbar Spine. A utilization review decision 10-29-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2xWk x 3Wks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Aqua Therapy 2xWk x 3Wks, Lumbar Spine. The requesting treating physician report was not found in the documents provided. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 of 12 authorized visits of physical therapy for the low back. The patient is status post discectomy and fusion at L5-S1 on 7/22/14 and is no longer within the postsurgical treatment period as outlined by the MTUS-PSTG. In this case, the patient has received at least 6 sessions of physical therapy to date and therefore the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.