

Case Number:	CM15-0081527		
Date Assigned:	05/04/2015	Date of Injury:	06/29/2009
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal Medicine

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 60-year-old female, with a reported date of injury of 06/29/2009. The diagnoses include status post revision lumbar surgery, failed fusion pseudoarthrosis at the L4-5 level, lumbar foraminal stenosis, and annular tear of the lumbar level. Treatments to date have included a cane, x-rays, an MRI of the lumbar spine, a computerized tomography (CT) scan of the lumbar spine, oral medications, and physical therapy. The neurosurgical consultation re-evaluation report dated 02/24/2015 indicates that the injured worker continued to have constant throbbing and aching low back pain with radiation into the right leg, with constant pain, numbness, tingling, and weakness. It was noted that overall, the injured worker continued to feel improved back pain; however, her right leg pain continued to be very similar to was it was before. There were no objective findings documented. The treating physician requested twelve aquatic therapy visits for the lumbar spine. The request is to maximize the injured worker's current recuperative process and muscle strengthening situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 & 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Medical records document that lumbar spine surgery was performed on October 23, 2014. Past treatments have included chiropractic and physical therapy and eight aquatic therapy visits. The neurosurgical consultation report dated January 20, 2015 noted that the patient is continuing with physical therapy. No physical examination was documented. The neurosurgical consultation report dated February 24, 2015 documented that lumbar spine surgery was performed on October 23, 2014. No physical examination was documented. No weight was documented. No obesity was noted. Additional 12 visits of aqua therapy were requested. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 additional aquatic therapy sessions would exceed ODG guideline recommendations, and is not supported. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 1/20/15 and 2/24/15 progress reports do not establish the need for reduced weight bearing. No physical examination was documented in the 1/20/15 and 2/24/15 progress reports. MTUS and ODG guidelines do not support request for 12 additional aquatic therapy sessions. Therefore, the request for aquatic therapy is not medically necessary.