

Case Number:	CM15-0089433		
Date Assigned:	05/13/2015	Date of Injury:	06/26/2012
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 26, 2012. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator referenced an April 20, 2015 RFA form and associated April 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 3-8/10. Sitting, stooping, bending, twisting, and turning remained problematic, it was reported. The applicant was off of work, on total temporary disability. The applicant had undergone earlier lumbar spine surgery, it was reported. The applicant exhibited a normal gait, it was stated in one section of the note, despite guarding. Heel and toe ambulation did evoke mild discomfort, it was suggested. ConZip and aquatic therapy were endorsed while the applicant was placed off of work, on total temporary disability. The applicant had apparently received earlier aquatic therapy, it was stated via a progress note of February 11, 2015. The applicant was using Flector, Promolaxin, Zanaflex, Percocet, and Ambien, it was reported on that date. In a physical therapy progress note dated January 25, 2015, it was stated that the applicant had received a lumbar laminotomy procedure on October 27, 2014. The applicant was receiving aquatic therapy on that date, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 treatments of aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier lumbar laminectomy surgery of October 27, 2014 as of the date of the request, April 8, 2015. The 12 sessions of aquatic therapy at issue, if approved, would likely result in extension of treatment beyond the 16-session course recommended in the MTUS Postsurgical Treatment Guidelines following earlier lumbar laminectomy surgery, as apparently transpired here. The Postsurgical Treatment Guidelines further note in MTUS 9792.24.3.c.4 that the frequency of visits shall be gradually reduced or discontinued over time as an applicant gains independence in management of symptoms and with achievement of functional goals. Here, thus, the request for 12 sessions of aquatic therapy some five and a half months removed from the date of surgery, thus, ran counter to the principle articulated in Section 9792.24.3.c.4 to reduce the frequency of treatment over time. Finally, MTUS 9792.24.3.c.4b stipulates that postsurgical physical medicine shall be discontinued at any point during the postsurgical physical medicine treatment period in applicants and/or cases where no functional improvement is demonstrated. Here, the applicant was off of work, on total temporary disability, on or around the date of the request, April 8, 2015. The applicant remained dependent on opioid agents such as Percocet, it was further noted above. Earlier aquatic therapy, in short, had failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.