MAXIMUS Federal Services

Case Number:	CM14-0115063		
Date Assigned:	09/25/2014	Date of Injury:	07/11/2012
Decision Date:	10/27/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Chiropractics and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 47 year old male patient with chronic thoracic and lumbar spine pain, date of injury is 07/11/2012. Previous treatments include aquatic therapy, medication, injection, chiropractic, physical therapy, lumbar surgery 12/13/2013, EMS/TENS unit, home exercises. Progress report dated 04/14/2014 by the secondary treating doctor revealed patient complains of constant moderate achy upper/mid back pain, stiffness, heaviness and weakness, severe throbbing, burning low back pain radiating to left leg, loss of sleep due to pain, depression, anxiety and irritability. Thoracic spine exam noted ROM decreased and painful. Lumbar spine exam noted +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, positive SLR, ROM decreased and painful. Progress report dated 03/21/2014 by the treating doctor revealed the patient complains of intermitten moderate achy, burning upper/mid back pain, pain is between the shoulder blades, intermitten moderate sharp, stabbing and burning low back pain with prolonged sitting, 7/10. Thoracic spine exam noted +3 tenderness to palpation of the thoracic paravertebral muscles, muscle spasm of the thoracic paravertebral muscles. Lubmar spine exam noted +3 tenderness to palpation of the lumbar L3-5 spinous processes and lumbar paravertebral muscles, muscles spasm of the lumbar paravertebral muscles. Diagnoses include thoracic musculoligamentous injury, lumbar muscle spasm, lumbar radiculopathy, lumbar spine status post surgey, anxiety and depression. Treatment plan include medications, pool therapy and psyche consults. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Pool therapy sessions through [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22, 98, 99.

Decision rationale: The patient presents with chronic lower back pain, status post lumbar surgery dated 12/13/2013. According to the UR reviewed letter dated 06/26/2014, the patient has been authorized for 12 aquatic therapy sessions previously. However, there is no records of those visits available. Based on the guideline cited above, the request for additional 12 pool therapy sessions would exceeded the guideline recommendation and therefore, not medically necessary.