

Case Number:	CM14-0118311		
Date Assigned:	08/06/2014	Date of Injury:	01/06/2009
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine 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:

This patient is a 35 year old male who developed low back pain subsequent to an injury date of 1/06/09. He has been treated with back surgery's (discectomy/laminectomy) on 9/12/12 and 3/6/13. He was treated with 8 sessions of aquatic therapy after the initial surgery and 12 sessions of aquatic therapy after the last surgery. The pain is reported to have worsened after each surgery and the patient reports worse neuropathic pain and leg weakness after the second surgery. There are no reports of benefits from the aquatic therapy that has been provided in the immediate post-operative period. Other treatments have included chiropractic modality care and oral analgesics. He walks with the assistance of a cane and has difficulty weight bearing due to leg weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times a week for four weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, July 2012: Back Section: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine Page(s): 24/99.

Decision rationale: MTUS Guidelines supports aquatic therapy when there is difficulty with weight bearing. However, the patient has had a number of sessions immediately post operatively without documented benefits and it is well documented that the neuropathic symptoms were more intense after the second surgery. MTUS Guidelines do support up to 8 sessions of therapy (aquatic if justified) for most chronic pain syndromes. Given the remoteness of the surgery and documented difficulties with weight bearing, an 8 session course of aquatic therapy is consistent with guidelines to try and establish a more effective independent program. The request for aquatic based physical therapy 2 times a week for 4 weeks is medically necessary.