

Case Number:	CM14-0129356		
Date Assigned:	08/18/2014	Date of Injury:	12/02/2006
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41 years old female with an injury date on 12/02/2006. Based on the 06/20/2014 progress report the injured worker's current diagnoses are status post lumbar spine surgery with fusion, L4-5 and L5-S1 (07/10/2013); status post revision lumbar spine surgery with posterior lumbar interbody fusion at L4-S1 and bilateral lower extremity radiculopathy. According to this report, the patient complains of continued pain and stiffness to the lumbar spine that radiates down the left leg. Physical exam indicates tenderness to palpation over the paraspinous region, with spasm. Range of motion of the lumbar spine is limited. Straight leg raises are positive, bilaterally. There is mildly decreased sensation in the right L5-S1 dermatomal distributions. MRI of the lumbar spine on 07/31/2013 reveals previous lumbar laminectomy and fusion from L4 to S1. MRI report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/18/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 12/06/2013 to 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22; 98-99. Decision based on Non-MTUS Citation ODG guidelines on aquatherapy for low back pain.

Decision rationale: According to the 06/20/2014 report by Dr. [REDACTED] this patient presents with of continued pain and stiffness to the lumbar spine that radiates down the left leg. The treater is requesting 12 sessions of aquatic therapy. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based physical therapy (PT) in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS Physical Medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 12/06/2013 to 06/20/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. In addition, the requested 12 sessions exceed what is allowed per MTUS. Therefore, the request is not medically necessary.