

Case Number:	CM14-0144493		
Date Assigned:	09/12/2014	Date of Injury:	12/01/2011
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 55-year-old female with a date of injury of 12/01/2011. The listed diagnoses per [REDACTED] are: 1. Status post C3-C4 discectomy/fusion, 11/06/2012. 2. Status post lumbar fusion, 05/06/2014. According to progress report 08/06/2014, the patient is status post lumbar fusion on 05/06/2014. The patient reports continued low back stiffness and pain with bilateral left lower extremity numbness and tingling. Examination of the lumbar spine revealed well-healed surgical scar. There was tenderness to palpation with muscle spasm noted. Sacroiliac stress test is positive. Range of motion is decreased in all planes. The provider is requesting Postoperative Aquatic Therapy 18 sessions to increase the range of motion and muscle strength. Utilization Review denied the request on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, lumbar fusion Quantity: 18: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 8-9, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy: Page(s): 22.

Decision rationale: This patient is status post lumbar fusion from 05/06/2014. The provider is requesting Post-Operative Aquatic Therapy to increase the range of motion and muscle strength. Utilization Review denied the request stating "there is little supportive documentation for the above additional aquatic therapy x12." The MTUS Guidelines under postsurgical physical medicine page 25 through 26 states that post-surgical treatment (fusion) recommendations are 34 visits over 16 weeks and postsurgical physical medicine treatment period is 6 months. Review of the medical file indicates the patient underwent 5 physical therapy treatments after the lumbar discectomy. The patient continues with pain and a course of 18 post operative aqua therapy is reasonable.