

Case Number:	CM14-0186087		
Date Assigned:	11/14/2014	Date of Injury:	02/01/2004
Decision Date:	12/22/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management 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 52 year old female with an injury date of 02/01/04. Based on the 09/09/14 progress report provided by treating physician, the patient complains of neck, low back and upper extremity pain rated 6-7/10 with and 8-9/10 without medications, that radiates to the bilateral upper and lower extremities. The patient is status post transforaminal Epidural Steroid Injection bilateral L4-S1 04/01/14. Physical examination to the lumbar spine revealed spasm and tenderness to palpation to spinal vertebral area of L4-S1. Range of motion was moderately limited secondary to pain. Aquatic therapy has been very helpful. Patient is on home exercise program. Current medications include Tizanidine, Butrans, Naproxen-sodium and Hydrocodone. Diagnosis 09/09/14; Lumbar Post Laminectomy Syndrome, Lumbar Radiculopathy, Status Post Fusion, Lumbar Spine, Chronic Pain, Other, status post lumbar fusion Chronic nausea and vomiting. History of anemia; Status post lumbar surgery x 3. The utilization review determination being challenged is dated 10/27/14. Treatment reports were provided from 09/09/09 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 X 4, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

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

Decision rationale: The patient presents with neck, low back and upper extremity pain rated 6-7/10 with and 8-9/10 without medications, that radiates to the bilateral upper and lower extremities. The request is for Aqua Therapy 2 X 4, Lumbar Spine. The patient is status post transforaminal Epidural Steroid Injection bilateral L4-S1 04/01/14 and status post 3 lumbar spine surgeries, dates unknown. Current medications include Tizanidine, Butrans, Naproxen-sodium and Hydrocodone. The patient reports 70% improvement due to use of current medication and pool therapy. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." The treating physician has not provided reason for the request. Progress report dated 09/09/14 states that aquatic therapy has been very helpful. The patient reported 70% improvement due to use of current medications and pool therapy. Though patient had 3 previous lumbar spine surgeries, treating physician has not discussed the need for reduced weight bearing or extreme obesity to qualify for water therapy. MTUS guidelines allow aqua-therapy for those who cannot tolerate land-based therapy, however patient is on home exercise program. Furthermore, it is not known how many aqua therapy visits patient had in the past. Therefore, the request is not medically necessary.