MAXIMUS Federal Services

Case Number:	CM14-0140498		
Date Assigned:	09/10/2014	Date of Injury:	11/12/2012
Decision Date:	05/01/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old man sustained an industrial injury on 11/12/2012. The mechanism of injury is not detailed. Evaluations include an MRI of the low back dated 9/3/2013. Diagnoses include lumbar sprain, low back pain, lumbar disc pain, lumbar disc herniation, lumbar radiculopathy, reactive depression, chronic pain syndrome, and anxiety. Treatment has included oral medications and use of a cane. Physician notes dated 7/23/2014 show continued complaints of low back pain with impaired mobility. Recommendations include increasing activity level, aquatic therapy, a knee brace for stability, Oxycontin ER, Norco, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aquatic therapy visits.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic low back pain. He has a BMI of over 28. He underwent a microdiscectomy in May 2014 complicated by discitis. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant is obese and has discitis and aquatic therapy is indicated. When requested he was still in the post-operative period. Guidelines address the role of therapy after a lumbar spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. The number of requested treatments is within guideline recommendations and therefore was medically necessary.