

Case Number:	CM14-0216409		
Date Assigned:	01/06/2015	Date of Injury:	05/26/2012
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 54-year-old female with a date of injury of 5/26/2012. The mechanism of injury was from lifting a heavy patient. She complains of low back pain with radiation down the left lower extremity. She has had extensive conservative treatment including physical therapy, epidural steroid injections and pain management. MRI scan of the lumbar spine dated 3/4/2014 revealed a broad-based central disc protrusion at L4-5 measuring 4-5 mm impinging on the left L5 nerve root. A request for L4-L5 microdiscectomy was certified by utilization review on 12/4/2014. A request for postoperative aquatic therapy 18 sessions (3 x 6) was modified to certify 16 visits of land-based physical therapy. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op aquatic therapy; 18 sessions (3x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Chronic pain guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land-based physical therapy. It can minimize the effects of gravity, so it is specifically recommended when reduced weightbearing is desirable, for example in extreme obesity. The documentation indicates her height as 5 feet 1 inch and weight as 165 pounds. There is no documentation of obesity. The postsurgical treatment guidelines indicate 16 visits over 8 weeks for laminectomy/discectomy. The initial course of therapy is 8 visits and with documented objective functional improvement a subsequent course of therapy of 8 visits may be prescribed. The postsurgical physical medicine treatment period is 6 months. The request as stated for 18 visits exceeds the guidelines and as such, the medical necessity of the request is not established.