

Case Number:	CM15-0000978		
Date Assigned:	01/12/2015	Date of Injury:	06/22/2007
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 62 year old male was injured 6/22/07. The mechanism of injury was not clear. Current symptoms are pain in the low back with radiation into right foot that started after surgery in 2009. He has undergone L5/S1 decompression (2009); spinal cord stimulator placed (6/11) with no relief of symptoms after placement; right L5 selective nerve root block (SNRB) offered some relief; right L4 SNRB(2011) improved symptoms; lumbar MRI (2010); computed tomography myelogram (2010); electrodiagnostic studies; radiographs (2014) physical therapy, acupuncture, traction and water therapy. Medications include Norco and Neurontin. Diagnosis was degeneration of lumbar or lumbosacral intervertebral disc. On 12/3/14 the provider requested water therapy (X 6 additional visits) after he has experienced significant relief in symptoms with prior visits, per documentation. On 12/12/14 Utilization Review (UR) non-certified the request for additional water therapy X6 but UR was unclear in its rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER THERAPY (X6) [ADDITIONAL]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99.. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The date of injury was June 22, 2007. The primary treating physician's progress report dated 12/3/14 documented that the patient had physical therapy, acupuncture, and water therapy in the past. The patient is currently participating in water therapy. No functional improvement with past physical therapy and aqua therapy was documented. Because functional improvement was not documented, the request for aquatic therapy is not supported by MTUS or ODG guidelines. Therefore, the request for water therapy is not medically necessary.