

Case Number:	CM15-0116876		
Date Assigned:	06/25/2015	Date of Injury:	07/19/2013
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Illinois, California, Texas
 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:

This injured worker is a 45-year-old woman who sustained an industrial injury on 7/19/13. Injury was reported relative to her repetitive work duties as an in-home caregiver. Conservative treatment had included chiropractic care, physical therapy, acupuncture, activity modification, and medications. The 3/16/15 lumbar spine MRI revealed disc desiccation and loss of disc height at L4/5 and L5/S1. At L4/5, there was significant facet arthropathy and osteophyte formation with facet arthropathy, disc protrusion and lateral recess and foraminal stenosis. The 4/2/15 treating physician report cited persistent severe lower back pain radiating down the right leg to the foot and great toe, and occasional left leg pain. Past medical history was reported unremarkable. She was not overweight. Neurologic exam of the lower extremities documented diminished L5 dermatomal sensation bilaterally, normal strength, and symmetrical reflexes. There was significant pain over the right sciatic notch, paraspinal muscle spasms, and lumbosacral pain. Straight leg raise was positive on the right and range of motion was limited. The diagnosis included L4/5 degenerative disease with lateral canal stenosis and right L5 radiculopathy. The treatment plan recommended right L4/5 transforaminal discectomy and fusion. Authorization was also requested for post-operative aquatic therapy, 3 times per week for 6 weeks, 18 sessions. The 5/22/15 utilization review certified the request for right L4/5 transforaminal discectomy and fusion. The request for post-operative aquatic therapy, 3 times per week for 6 weeks, 18 sessions was non-certified, as the medical necessity for aquatic therapy over post-operative physical therapy was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Aquatic Therapy, 3 times wkly for 6 wks, 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical Therapy; Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Chronic Pain MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. Guideline criteria have not been met for post-operative aquatic therapy. There is no compelling reason presented to support the medical necessity of aquatic therapy over land-based physical therapy. The need for reduced weight bearing is not evident. There is no evidence that the injured worker had failed to tolerate land-based physical therapy in the pre-operative period. Therefore, this request is not medically necessary.