MAXIMUS Federal Services

Case Number:	CM15-0173948		
Date Assigned:	09/16/2015	Date of Injury:	01/06/2013
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 6, 2013. In a Utilization Review report dated August 17, 2015, the claims administrator partially approved a request for 16 sessions of postoperative aquatic therapy as eight sessions of the same. The claims administrator contented that the applicant had undergone earlier microdiscectomy surgery on April 6, 2015. The claims administrator also cited a July 30, 2015 RFA form and an associated progress note of the same date in its determination. The claims administrator seemingly based its decision exclusively on non-MTUS ODG Guidelines and, furthermore, mislabeled the same as originating from the MTUS. On an operative report dated July 6, 2015, the applicant underwent a revision L4-L5 discectomy-laminotomy procedure to ameliorate a recurrent disk herniation following earlier microdiscectomy surgery on March 30, 2015. On an RFA form dated September 3, 2015, additional physical therapy was seemingly sought. On July 30, 2015, the applicant reported ongoing complaints of low back and leg pain somewhat improved since the revision decompression surgery. The applicant's wound was healing well. 4/5 left lower extremity strength was appreciated with a slightly antalgic gait present. Hyposensorium was noted about the left lower extremity. The applicant was obese, standing 6 feet and weighing 240 pounds. 16 sessions of aquatic therapy were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Aquatic therapy 8 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Yes, the request for eight sessions of postoperative aquatic therapy was medically necessary, medically appropriate, and indicated here. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 support a general course of 16 sessions of treatment following discectomy-laminectomy surgery, as seemingly transpired here. While MTUS 9792.24.3.a2 notes that an initial course of therapy means one-half of the number of visits specified in the general course of therapy for this specific surgery, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c2 to the effect that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific risk factors such as comorbidities, prior pathology, and/or surgery involving the same body part, nature, number, number of surgical procedure undertaken, etc. Here, the applicant had undergone a revision lumbar discectomy/laminotomy surgery on July 6, 2015 after having undergone prior failed microdiscectomy procedure on March 30, 2015. The complexity of the applicant's case, thus, was greater than the typical of such case. The applicant was described as having residual neurological, musculoskeletal and gait-related deficits present on a followup office visit of July 30, 2015. Treatment above and beyond MTUS parameters was, thus, indicated, given the complexities of the applicant's case. Therefore, the request is medically necessary.