

Case Number:	CM15-0062330		
Date Assigned:	04/08/2015	Date of Injury:	11/09/2012
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 9, 2012. In a utilization review report dated March 6, 2015, the claims administrator partially approved a request for eight sessions of aquatic therapy as four sessions of the same. The claims administrator stated that the applicant had undergone lumbar spine surgery at an earlier point in time. The claims administrator, quite incongruously, cited both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Postsurgical Treatment Guidelines. A February 26, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had completed 12 sessions of land-based therapy through the date of the request. The applicant's attorney subsequently appealed. In said RFA form dated February 26, 2015, eight sessions of aquatic therapy were proposed. In an associated handwritten progress note dated February 26, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. Once again, the date of the surgery was not specified. Eight sessions of aquatic therapy were endorsed while the applicant was placed off of work, on total temporary disability. It was stated that the applicant did exhibit a slow gait and was apparently employing a cane. This was very difficult to follow, however. In an operative report dated January 10, 2015, the applicant underwent L4-L5 and L5-S1 hemilaminotomy, neural foraminotomy, and medial facetectomy procedures to ameliorate a preoperative diagnosis of foraminal stenosis and discopathy at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy post-operative; 8 sessions 2x4 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for eight sessions of postoperative aquatic therapy is medically necessary, medically appropriate, and indicated here. While the approval does result in extension of treatment slightly beyond the 16-session course recommended in the MTUS Postsurgical Treatment Guidelines following discectomy-laminectomy surgery, as apparently transpired here, this recommendation is, however, qualified by commentary in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine for any given applicant contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, presence of surgical complications, and applicant's essential work functions, etc., and by commentary in MTUS 9792.24.3.c3 to the effect that postsurgical physical medicine treatment may be continued to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, additional functional improvement was certainly possible on or around the date of the request, February 26, 2015. The applicant exhibited a significant limp requiring usage of a cane on that date. The applicant had failed to return to work. The applicant apparently had heavier or more arduous physical demands as a deputy probation officer, it was suggested. The applicant had undergone a multilevel lumbar decompression surgery. Thus, all evidence on file pointed to the applicant as having residual impairment above and beyond that encapsulated in the guideline. Additional treatment on the order of that proposed was indicated, particularly in light of the fact that the applicant was reporting difficulty ambulating on or around the February 26, 2015 progress note at issue. Therefore, the request was medically necessary.