

Case Number:	CM15-0071049		
Date Assigned:	04/21/2015	Date of Injury:	05/17/1988
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 5/17/1988. The current diagnosis is status post posterior lumbar interbody fusion L2-L3 and L3-L4. According to the progress report dated 2/26/2015, the injured worker states that the pain in his lumbar spine is improving with aqua therapy. He reports that he has reduced the amount of medications he is taking. The current medication list was not available for review. Treatment to date has included medication management, aqua therapy, and surgical intervention. The plan of care includes 12 aquatic therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the lumbar spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines, Lumbar.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for AQUATIC THERAPY FOR THE LUMBAR SPINE, TWICE A WEEK FOR SIX WEEKS. The provided RFA is dated 03/06/15 and the patient's date of injury is 05/07/88. The diagnosis is status post posterior lumbar interbody fusion L2-L3 and L3-L4. Per 02/26/15 report, physical examination of the lumbar spine revealed a well-healed incision secondary to posterior lumbar interbody fusion. Treatment to date has included medication management, aqua therapy, and surgical intervention. Treater states, "The pain in the lumbar spine is improving with aqua therapy." The patient is temporarily totally disabled. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Per 02/26/15 report, treater states, "Continue aqua therapy two times a week for the next six weeks, focusing on the lumbar spine due to continuous improvement." The utilization review letter dated 03/18/15 reports the patient has completed 23 sessions of aquatic therapy since January of 2015. The treater does not explain why more therapy is needed and why home exercise program is not yet established. An additional 12 visits would exceed MTUS guidelines and therefore, the request IS NOT medically necessary.