MAXIMUS Federal Services

Case Number:	CM15-0072938		
Date Assigned:	04/23/2015	Date of Injury:	01/16/2007
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois
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 injured worker is a 63 year old male, who sustained an industrial injury on 1/16/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic L4-S1 radiculopathy, status post fusion in 2009, depression, diabetic peripheral neuropathy, and coronary artery disease. Treatment to date has included conservative measures and surgical intervention to the lumbar spine in 2009. On 3/02/2015, the injured worker complained of continued low back and bilateral leg pain. He also reported a slight tremor in the upper extremities, ongoing for the past few weeks. His gait was slow and non-antalgic. Medications included Nucynta, Ambien, and Amrix. He recently saw spinal surgeon and was recommended aquatic therapy. A previous trial of aquatic therapy was referenced (dates and progress not noted). His body mass index was not noted. The treatment plan included aquatic physical therapy x 8 sessions. A progress report, dated 9/23/2014, noted completion of 8 aquatic therapy sessions (dates and progress not noted).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 & 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Aquatic Therapy Page(s): 6; 22.

Decision rationale: The injured worker sustained a work related injury on 1/16/2007. The medical records provided indicate the diagnosis of chronic L4-S1 radiculopathy, status post fusion in 2009, depression, diabetic peripheral neuropathy, and coronary artery disease. Treatment to date has included conservative measures and surgical intervention to the lumbar spine in 2009. The medical records provided for review do not indicate a medical necessity for Aquatic physical therapy x 8 sessions. The medical records reviewed indicate that when the injured worker visited with the spine specialist on 09/25/14 he was continued on water therapy(aquatic therapy). There was no information regarding how many sessions he has had or the remaining sessions. Also, there was no information of on the treatment outcome. While, the Aquatic therapy Guidelines follows the physical medicine guidelines, the MTUS recommends that future management of the injured worker be done in the context of information form history(including review of past treatment, noting the failures and successes), as well physical examination and diagnosis. Therefore, since there is no information about the treatment outcome during the past sessions, it is not possible to determine the outcome of future treatment. Besides, the recommended maximum sessions is a total of 10 visits followed by home exercise therapy. The above request is not medically necessary.