

Case Number:	CM15-0076120		
Date Assigned:	04/27/2015	Date of Injury:	10/24/2000
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 10/24/2000. She reported cumulative injuries and a specific injury after loading and unloading luggage. The injured worker was diagnosed as status post anterior cervical discectomy and fusion, status post left shoulder arthroscopy, status post lumbar laminotomy and microdiscectomy, thoracic sprain/strain and fibromyalgia. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, epidural steroid injection, surgery and medication management. In a progress note dated 3/17/2015, the injured worker complains of low back pain with spasm, stiffness and soreness. The treating physician is requesting 8 sessions of aquatic therapy and a lumbar pneumatic brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 8 sessions, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Aqua 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. 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. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case the patient is beginning the postsurgical therapy for the spinal surgery. The postsurgical treatment is 16 physical medicine visits over 8 weeks with postsurgical physical medicine treatment period of 6 months. The requested number of treatments is consistent with the recommended initial course of therapy. Documentation does not support the necessity of aqua therapy over land-based therapy. There is no documentation of extreme obesity or fibromyalgia. Aqua therapy is not medically necessary. The request should not be authorized.

Kronos lumbar pneumatic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Orthotrac vest.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back, Lumbar & Thoracic Back Brace, postoperative.

Decision rationale: Kronos lumbar pneumatic brace is a lumbar support device. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. There is lack of evidence supporting the use of postoperative braces. A standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. In this case the patient underwent lumbar spinal surgery in January 2014. There is insufficient evidence to support medical necessity of lumbar brace. The request should not be authorized and is not medically necessary.

