

Case Number:	CM15-0078824		
Date Assigned:	04/30/2015	Date of Injury:	06/22/2007
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old male sustained an industrial injury to the low back on 6/22/07. Previous treatment included magnetic resonance imaging, electromyography, lumbar decompression, lumbar fusion, spinal cord stimulator status post removal, physical therapy, acupuncture, water therapy, traction and medications. In a PR-2 dated 3/19/15, the injured worker complained of constant, dull, achy blow back pain. The injured worker was doing regular exercise and getting strength back gradually. Current diagnoses included lumbar post laminectomy syndrome and lumbar spine degenerative disc disease. The treatment plan included six sessions of water therapy for core muscle strengthening and a prescription for Norco. The physician noted that he injured worker had significant relief from previous water therapy and needed strengthening of back muscles to perform well on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy Extension x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 62 year old male with an injury on 06/22/2007. He had a lumbar fusion and laminectomy/decompression and has been treated with physical therapy and water therapy. By this point in time relative to the injury he should have been transitioned to a home exercise program as there is no objective documentation that continued formal physical therapy or water physical therapy is superior to a home. Also, continued physical therapy is not consistent with Chronic Pain, physical medicine guidelines. Therefore, the request is not medically necessary.