

Case Number:	CM15-0090010		
Date Assigned:	05/14/2015	Date of Injury:	06/13/2013
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained a work related injury June 13, 2013. According to a primary treating physician's progress report, dated April 20, 2015, the injured worker underwent micro-decompressive lumbar discectomy L3-4, L4-5 and L5-S1, April 16, 2015, did well, but continues to have cervical symptoms. She is complaining of intractable and increasing neck and upper extremity pain, left worse than right. Her recent cervical MRI dated March 12, 2015 (report present in medical record) revealed C3-4 ; 3-4mm disc herniation that has increased to a 4-5mm with foraminal exit zone compromise with mild mass effect upon the lateral aspect of the cord and C4-5 2mm paracentral disc protrusion that has increased to 3mm with moderate left neural foraminal exit zone compromise and C5-6 3mm paracentral disc protrusion. Because of her persistent neck symptoms, despite spinal injections, medication, physiotherapy, and an exercise program, the pain continues. Diagnoses are lumbar disc disorder and cervical disc disorder. The physician recommends immediate approval for a micro-decompressive cervical discectomy C3-4 and C5-6 and to continue the exercise program and medication as needed. At issue, is a request for authorization dated, April 20, 2015, for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for lumbar spine three times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work injury in June 2013 and underwent a lumbar microdiscectomy on 04/15/15. She was seen for postoperative follow-up five days later. Her surgery had went well and her low back and lower extremity symptoms had almost resolved. Physical examination findings were limited to the cervical spine where there was her spinal muscle tenderness. Authorization for pool therapy was requested and medications were prescribed. Guidelines address the role of therapy after a lumbar discectomy with a post-surgical physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant's surgery was uncomplicated and when seen, she was doing well. The number of requested treatment sessions is in excess of the guideline recommendation and well in excess of what would appear indicated in this case and cannot be considered medically necessary.