

Case Number:	CM13-0001319		
Date Assigned:	05/09/2014	Date of Injury:	09/13/2012
Decision Date:	07/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old male who was injured on 09/13/2012 when he had to step down off the top of a box, causing him to twist his body, causing pain in his low back. Prior treatment history has included prescribed Motrin and Flexeril. There is no evidence in documents submitted to support any aqua therapy sessions. PR-2 dated 05/14/2013 documented the patient with complaints of constant pain rated 7/10 which radiates to lower right leg. He also complains of cervical spine pain rated 7/10 which radiates to right shoulder. Objective findings reveal decreased range of motion. The lumbar spine was tender to palpation and there was positive straight leg raise on the right. Diagnosis: Lumbar spine radiculopathy. Plan: Vicodin 5/500 mg and aqua therapy to be scheduled as it has been approved. PR-2 dated 09/17/2013 documents the patient with complaints of lumbar spine pain which is on and off and rated 4-7/10 which radiates down to the right lower extremity. Objective findings on exam reveal range of motion is decreased with pain in the lumbar spine. There is tenderness to the lumbar spine. Treatment Plan: Continue Vicodin and continue aqua therapy. A request was made to renewal of aqua therapy for 4 more weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY FOR THE LOW BACK QTY: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
AQUATIC THERAPY Page(s): 22.

Decision rationale: According to CA MTUS guidelines, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per ODG, the aquatic exercise program consisted of 20 sessions, 5 times per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. The available medical records document that the patient has had different kinds of physical medicine including; Aquatic and physical therapies, acupuncture and chiropractic treatments. The medical report dated 03/04/2013 addresses that; despite of all of the above mentioned exercise programs, the patient remains symptomatic. The records document neither the quantity of therapies nor a detailed functional assessment to indicate additional sessions for any kind of physical therapies. Therefore, the medical necessity of Aqua Therapy for the low back #18 has not been established according to the guidelines.