

Case Number:	CM13-0006679		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2009
Decision Date:	03/06/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

Applicant is a 56 year old female who sustained a work related lumbar injury on 09/17/2009. Her symptoms consist of low back pain radiating down both legs including numbness with tingling. Office note dated 03/28/2013 confirmed applicant had no signs of sedation. She was alert and oriented. Deep tendon reflexes and motor examination are within normal limits. Decreased sensation is noted over the L5-S1 distribution bilaterally. Applicant has undergone lumbar fusion with retained hardware, a series of two caudal ESI, and physical therapy. MRI report dated 10/11/13 revealed post surgical changes in the lumbar spine. There are extradural soft tissue changes seen at L3-4 and L4-5. Normal intervertebral disc height is noted at L1-2 and L2-3. [REDACTED] is currently requesting pool therapy twelve (12) sessions in treatment to the lumbar spine for core strengthening which has been denied based on absent information to justify treatment outside of guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy twelve (12) Sessions in treatment to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines Aquatic Therapy, page(s) 22 and Official Disability Guidelines (ODG), Low Back , Aquatic Therapy. The Physician Reviewer's decision rationale: According to the CA MTUS, aquatic therapy is an optional form of exercise therapy "specifically recommended where reduced weight bearing is desirable, for example extreme obesity". Records state the applicant is already undergoing other forms of exercise (Pilates 1-2 times per week) to strengthen core muscles.