

Case Number:	CM13-0010366		
Date Assigned:	09/20/2013	Date of Injury:	11/29/2012
Decision Date:	04/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

This is a 48 year-old male who was injured on 11/29/12. He has been diagnosed with lumbar disc disorder, lumbar facet syndrome and lumbar radiculopathy. According to the 7/23/13 report from [REDACTED], the patient presents in mild distress with low back pain radiating to the back of his thighs. He was walking with a slowed, stooped and wide-based gait. The physician recommended aquatic therapy 2 times per week for 6 months. The patient had 8 aquatic therapy sessions from 3/3/13 though 4/9/13 and was discharged due to worsening symptoms. The statement is confirmed on the 4/9/13 physical therapy note by CW Pong, PT. The therapist referred the patient back to the primary treating physician for worsening symptoms and the therapy goals were not met. On the 5/9/13 follow-up report, [REDACTED] did not discuss the failed aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC EXERCISE-INDEPENDENT 2 TIMES A WEEK FOR 6 MONTHS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299,301.
Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

Decision rationale: The patient presents with low back pain. The Chronic Pain Medical Treatment Guidelines support aquatic therapy as an alternative to land based exercises. The guidelines, however, also state that up to 8-10 visits of aquatic therapy may be needed for various myalgias and neuralgias. The request for aquatic therapy 2 times per week for 6 months exceeds the guideline recommendations. Therefore, the requested aquatic therapy is not medically necessary or appropriate.