

Case Number:	CM13-0012515		
Date Assigned:	11/06/2013	Date of Injury:	09/09/2003
Decision Date:	01/23/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/12/2013

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:

The applicant is an [REDACTED] child care coordinator, who has filed a claim for chronic low back pain reportedly associated with industrial injury of September 9, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; multilevel lumbar spine surgery; lumbar MRI imaging of July 25, 2013, notable for postsurgical changes associated with prior surgery with no evidence of new nerve root compression; several long acting opioids; psychotropic medications; adjuvant medications; long-acting steroids; psychological counseling; and multiple epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy to the lumbar, two times per week over six weeks, consisting of pool therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is endorsed as an optional form of exercise therapy in those

applicants who are immobile, deconditioned, and unable to participate in land-based therapy. In this case, while the applicant is an obese individual with a BMI in the 39 range, who has an antalgic gait, there is no clear statement that she is unable to participate in land based therapy. There is no clear statement that she is unable to participate in land based exercises. It is stated that the gym membership and aquatic therapy are being pursued for cost purposes and convenience purposes as opposed to medical necessity purposes in the progress note in question. It is further noted that the 12-session course of treatment being proposed here would represent treatment in excess of the 9 to 10 session course recommended on Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and/or myositis of various body parts. This is not indicated. For all of these reasons, then, the request remains non-certified, on independent medical review.