

Case Number:	CM13-0015737		
Date Assigned:	03/12/2014	Date of Injury:	01/25/2010
Decision Date:	05/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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, has a subspecialty in Intenventional 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:

The patient is a 50-year-old female with date of injury of 01/25/2010. The listed diagnoses per [REDACTED] dated 07/29/2013 are low back pain and lumbar radiculopathy. According to progress report dated 07/29/2013 by [REDACTED], the patient complains of lower back, neck, and upper back pain. She continues to have stiffness of the lumbar spine including the left thigh and right thigh. There is numbness over the lower back, both buttocks, both thighs, bilateral feet, and cramping on the right foot. Objective finding shows the patient has a right-sided foot flat antalgic gait. Lumbar spine shows paravertebral muscle spasms and tenderness. There is a tight muscle band noted on the right side, positive for straight leg raising on the right side. The patient's height is 5'4 and weighs 141 lbs. The treating physician is requesting 8 sessions of aquatic therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR TREATMENT TO THE LOWER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AQUATIC THERAPY,

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

Decision rationale: This patient presents with chronic low back, neck, and upper back pain. The treating physician is requesting 8 sessions of aquatic therapy for the lower back. The California MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as in extreme obesity. For number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of reports from 03/27/2013 to 07/29/2013 does not show any recent physical therapy or aquatic therapy to validate number of sessions and outcome of treatments. Progress report dated 04/15/2013 shows that the treater requested 6 aquatic therapy and there is no evidence that these were provided. Given that the patient has not had any therapy in quite some time, it may be reasonable to allow a short course of therapy. However, MUTS guidelines allow aquatherapy for those who cannot tolerate land-based therapy. The treating physician does not explain why this patient cannot tolerate land-based therapy. The patient does not appear to be obese nor post-operative. It is more difficult to replicate water therapy to be performed at home when the patients transition into home program from formalized therapy as well. Recommendation is for denial.