

Case Number:	CM13-0017110		
Date Assigned:	12/18/2013	Date of Injury:	05/05/2011
Decision Date:	04/22/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/27/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 67-year-old female who suffered an injury at work on May 05, 2011. She was diagnosed as having a disorder of the sacrum as well as a cervical sprain. She has received a right C5-6 interlaminar injection. When examined on August 05, 2013 she had severe pain in her neck and low back with pain radiating to the right leg. She had right sacroiliac tenderness, and her gait was slow and steady. She was using a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT AQUA THERAPY TWO (2) TIMES A WEEK FOR THREE (3) MONTHS FOR THE LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic Therapy, page(s) 22; 99 Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

Decision rationale: The California MTUS Guidelines state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG)

state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits for lumbar disc disease, neuralgia, neuritis, and radiculitis include 8-10 visits over 4-8 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to three (3) visits per week to one (1) or less) plus active self-directed home Physical Medicine. In this case, 24 sessions of aquatic therapy are being requested. This exceeds the recommended guidelines for the low back. Additionally, there is no documentation of self-directed home physical therapy. Therefore, there is no documented medical necessity for aquatic therapy as requested.