

Case Number:	CM13-0024505		
Date Assigned:	11/20/2013	Date of Injury:	03/08/2012
Decision Date:	02/11/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 51-year-old injured worker who reported a work-related injury on 03/08/2012, specific mechanism of injury was not specifically stated. The patient presents for treatment of the following diagnoses, lumbar disc displacement without myelopathy, left lower extremity radiculopathy, and status post open reduction internal fixation of the right wrist as of 2009. The patient has been utilizing aquatic therapies for their lumbar spine pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 111 and 115, Chronic Pain Treatment Guidelines.

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

Decision rationale: Given the lack of documentation of significant objective functional improvement with previous aquatic therapies, duration and frequency of supervised therapeutic interventions and decrease in the patient's rate of pain on a VAS, the current request is not indicated. The clinical note dated 08/06/2013 reported the patient was seen for followup under

the care of [REDACTED]. The provider documents the patient presents with rate of pain at 7/10 to 8/10 from the lumbar spine down the left lower extremity. The patient had positive straight leg raise to the left, positive Bragard's bilaterally and positive Bowstring's. The California MTUS Chronic Pain Medical Treatment Guidelines indicates, to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. The request for aquatic therapy two times per week for four weeks is not medically necessary and appropriate.