

Case Number:	CM13-0031556		
Date Assigned:	12/04/2013	Date of Injury:	04/11/2012
Decision Date:	02/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 General Preventative Medicine and Public Health, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in Iowa. 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 40 year old female claimant with a date of injury of 4/11/2012. A doctor's first report of injury dated on 4/17/12 states that the patient has been lifting boxes off of pallets weighing 40-50 lbs all day for four months. This repetition caused soreness in her lower back to buttocks. The patient has used a TENS unit, back brace, L/S non-surgical decompression and medication management and has remained off of work. The most recent progress report available for review is dated 10/08/2013. Subjective complaints at that time state "The patient complains of frequent moderate low back pain and stiffness, associated with repetitive movement, lifting 10 lbs, sitting, standing and walking. Pain severity is 7/10 today." Objective findings at that time include: trigger points of the paraspinal present at the lumbar spine. The ranges of motion are decreased and painful and were reported as extension 10/25, flexion 40/60, left and right lateral bending 25/25. There is a muscle spasm of paravertebral muscles. Sitting straight leg raise is positive on the left. On September 5, 2013 [REDACTED] requested 12 sessions of aquatic therapy. His request was based upon additional therapy modality "...as part of a multidisciplinary effort in compliance with practices designed to increase the probability of successful recovery in patients with risk factors for delayed functional recovery as outlined by the ACOEM guidelines." [REDACTED] references pages 86 and 87 of the ACOEM Guidelines. [REDACTED] does not reference the use of aqua based therapy within the MTUS. A utilization review decision was rendered on September 19, 2013 recommending non-certification for aqua therapy based on the CA MTUS Chronic Pain Medical Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x week x 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The medical documentation provided indicates that the patient has ongoing treatment for Post-Laminar Syndrome, Lumbar and Lumbar/Sacral Radiculopathy. The treating physician has not described evidence of extreme obesity and has provided no documentation of a home exercise program. The California MTUS guidelines state that "Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In addition California MTUS guidelines recommend "for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". The requests for 2 x week x 6 weeks aquatic therapy visits are not medically necessary as the injured worker does not meet the criteria in the MTUS.