

Case Number:	CM13-0031708		
Date Assigned:	12/04/2013	Date of Injury:	08/16/2012
Decision Date:	10/09/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 and Pain Management, has a subspecialty in Interventional 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 27-year-old male with date of injury of 08/16/2012. The listed diagnosis per [REDACTED] from 09/03 2013 are: 1. Herniated intervertebral disc of the lumbar spine L5 - S12. Lumbar spine strain According to this report that patient complains of low back pain. It is aggravated by bending. He reports right lower extremity pain. The patient rates his pain 6 to 7/10 on the pain scale. His pain is constant with variations in intensity despite the use of Norco and Flector patches. The objective findings show that patient is stable in no acute distress. There is mild tenderness in the lower lumbar region. Sitting straight leg raise is positive on the right. The patient has completed 12 land-based physical therapy at [REDACTED] physical therapy which failed to provide any significant relief. The utilization review denied the request on 09/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 AQUATIC THERAPY SESSIONS FOR TREATMENT OF THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUA THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy: Physical Medicine Page(s): 22; 98, 99.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting six aquatic therapy sessions for the lumbar spine. The MTUS Guidelines recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records show that the patient has not tried aquatic therapy. The 09/03/2013 report notes that land-based physical therapy failed to provide any significant relief. In this case, the patient has completed 12 land-based physical therapy with no significant benefit. The patient does not appear to be obese nor post-operative. The treating physician does not discuss why the patient is unable to transition into a home-based exercise program. The request is not medically necessary and appropriate.