

Case Number:	CM13-0032170		
Date Assigned:	12/04/2013	Date of Injury:	06/15/2003
Decision Date:	08/01/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 is licensed to practice in Nevada. 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 injured worker is a 42-year-old female who was reportedly injured on 6/15/2003. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 11/6/2013, indicates that there were ongoing complaints of chronic low back pain, which radiated into both legs. The physical examination demonstrated the patient walked with an unsteady gait, positive tenderness to palpation of the paralumbar musculature with 2+ spasm on the right. Quadriceps atrophy was noted. Lumbar range of motion was limited with pain. Straight leg raise was positive at 40 on the right and left. Lower extremity deep tendon reflexes were absent at the knees and decreased sensation on the right and left to light touch in the lateral thigh. Muscle strength in the lower extremities were 5/5 bilaterally. No recent diagnostic studies were available for review. Previous treatment included lumbar surgery, physical therapy, aqua therapy, spinal cord stimulator, and medications to include Neurontin, fentanyl, Fioricet, Flexeril, oxycodone and ketoprofen. A request had been made for aqua therapy 2 times a week for 4 weeks for the lumbar spine and was not certified in the pre-authorization process on 9/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22 OF 127.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical records provided, the request for aquatic therapy is deemed not medically necessary.