

Case Number:	CM13-0034511		
Date Assigned:	12/11/2013	Date of Injury:	06/01/2013
Decision Date:	02/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine 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 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 applicant is a represented former [REDACTED] custodian who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; work restrictions; a 7% whole-person impairment rating; and extensive periods of time off of work. The applicant's case and care have been complicated by pregnancy. She is apparently off of work, it is noted. In a Utilization Review Report of June 1, 2013, the claims administrator denied a request for aquatic therapy. The applicant's attorney later appealed. In a clinical progress note of December 3, 2013, the applicant is given a prescription for topical ketoprofen and given work restrictions. She has had six sessions of prior physical therapy, it is suggested. She has 5/5 lower extremity strength. She is asked to stop oral pain medications and use topical ketoprofen. It is stated that her employer cannot accommodate her restrictions. In a Medical Legal Report of November 1, 2013, it is stated that the applicant is using a prenatal medication. She is six months' pregnant, it is noted. On October 22, 2013, aquatic therapy was apparently endorsed. It was again noted that the applicant was pregnant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for lumbar spine: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy can be recommended as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable as, for example, with extreme obesity. In this case, while the applicant is not extremely obese, she is/was pregnant. She may therefore be a candidate for aquatic therapy as she is an individual in whom reduced weightbearing is desirable, in light of her pregnancy. Therefore, the request is certified.