

Case Number:	CM13-0038126		
Date Assigned:	12/18/2013	Date of Injury:	01/21/2009
Decision Date:	03/06/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation 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:

According to the records made available for review, this is a 35-year-old female with a 1/21/09 date of injury. At the time of request for authorization for Aqua therapy (lumbar) 2 x 6, there is documentation of subjective (low back pain radiating to the right knee with recurrent flare ups) and objective (decreased range of motion, spasms, positive straight leg raise on the right, decreased sensation over the L3-4 and L4-5 nerve roots, and decreased strength over the abductor hallucis longus on the right and extensors of the foot on the right) findings, current diagnoses (lumbar discogenic disease), and treatment to date (aqua therapy with favorable response). 9/12/13 medical report's recommendation identifies a request for aqua therapy for the patient's flare up symptoms. There is no documentation of the number of previous aqua therapy treatments, objective improvement with previous treatment, and an indication for which reduced weight bearing is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy (lumbar), 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Page(s): 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114, Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity) as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of previous aquatic therapy with favorable response and diagnoses of lumbar discogenic disease. However, despite documentation of a rationale identifying a request for aqua therapy for the patient's flare up symptoms, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). In addition, there is no documentation of the number of aquatic treatments completed to date. Furthermore, despite documentation of favorable outcome with previous aquatic therapy visits, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Aqua therapy (lumbar), 2 x 6 is not medically necessary.