

Case Number:	CM13-0040512		
Date Assigned:	12/20/2013	Date of Injury:	02/12/2003
Decision Date:	07/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 underlying date of injury in this case is 02/12/2003. The patient is status post an L4-S1 fusion on 02/17/2006. A prior physician review discusses a physician progress note of 07/01/2013 which is not available to this reviewer. That reviewer noted that the medical records did not demonstrate benefit from prior aquatic therapy. A more recent note of 06/06/2014 is available currently from the treating physician. At that time the patient reported continuing somatic low back pain and neuropathic pain in both lower extremities. The patient was being treated with opioid medications as well as Lyrica, Omeprazole, Dendracin Lotion, and Lidoderm. The treating physician felt the patient had chronic and persistent low back pain status post a fusion. The treating physician noted the patient had completed a functional restoration program and requested continued medications. The treating physician additionally noted that a Agreed Medical Examiner report of 11/07/2013 had indicated the patient was entitled to treatment including pain management and courses of physical therapy and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE AQUATHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy chapter Page(s): 22, 99.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, state that this treatment is recommended as an optional form of exercise therapy as an alternative to land-based therapy. The treating physician recommends additional aquatic therapy based upon the conclusion that the patient is entitled to this treatment based upon an Agreed Medical Examiner report. All treatment needs to be supported by medical necessity. It may be that the patient may require review or refresher of aquatic therapy at some point. However, a specific clinical rationale is needed aside from simply suggesting that this was discussed in an Agreed Medical Examiner report. At this time it is not clear why the patient would require continued supervised rather than independent aquatic therapy. This request is not medically necessary.