

Case Number:	CM13-0047363		
Date Assigned:	12/27/2013	Date of Injury:	04/29/2012
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 and is licensed to practice in Illinois. 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 patient is a 53-year-old female who reported an injury on 04/29/2012. The mechanism of injury was stated to be repetitive bending, stooping, and kneeling and carrying of clothing and merchandise. Per the documentation of 10/21/2013, the patient was noted to have trialed and failed traditional physical therapy, chiropractic therapy, rest, and oral medications. The patient's diagnoses were noted to include degenerative lumbar/lumbosacral intervertebral disc; displacement of the lumbar disc without myelopathy. The request was made for 8 sessions of aquatic therapy for the lumbar spine

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy treatment 8 sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98, 99.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits

and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. While the clinical documentation submitted for review indicated the patient failed traditional physical therapy, chiropractic care, rest, and oral medications, there was lack of documentation indicating the patient had necessity for reduced weightbearing. Given the above, the request for aquatic therapy treatment 8 sessions to the lumbar spine is not medically necessary.