

Case Number:	CM13-0049698		
Date Assigned:	12/27/2013	Date of Injury:	08/04/2010
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Interventional Spine 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 patient reported a date of injury of 08/04/2010. The listed diagnoses per [REDACTED] dated 10/08/2013 are: 1. Lumbar degenerative disc disease 2. Lumbar discogenic pain 3. Left L5 and left S1 radiculopathy 4. Chronic low back pain 5. Myofascial pain 6. Gait disturbance This patient is status post left sacroiliac joint injection dated 09/18/2013 and epidural steroid injection dated June 2012. According to report dated 10/08/2013 by [REDACTED], patient presents with chronic pain in her low back with paresthesias in her left lower extremities. Examination showed patient ambulates with a cane with an Antalgic gait. She has tenderness to palpation of her lumbar paraspinal, more so on the left. SFR is positive on the left. She has limited ROM of her lumbar spine. Sciatic notches are tender and decreased sensation in the left L5-S1 distribution noted. Treater is requesting 6 additional aqua therapy sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Aqua Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

Decision rationale: This patient presents with chronic pain in her low back with paresthesias in her left lower extremities. Treater is requesting 6 aqua therapy sessions. MTUS pg 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing. While this patient has an antalgic gait, there does not appear to be any issue with weight-bearing. For number of treatments, the MTUS pg 98, 99 under physical medicine section states that 9-10 sessions are indicated for various myalgia, myositis and neuralgia type symptoms. MTUS does not allow for any more than 9-10 sessions. Progress report dated 05/22/2013 states patient has already completed 6 sessions with no noted benefits. Treater's request for additional 6 sessions would exceed what is recommended by MTUS guidelines. The requested additional 6 aqua therapy sessions is not medically necessary and recommendation is for denial