

Case Number:	CM13-0065882		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2006
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/15/2013

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 Internal 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 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 patient is a 49-year-old male with a date of injury on 7/25/2006. The injury occurred when he was climbing a ladder while carrying a heavy object which resulted in him twisting his back. He has developed low back pain with radiation to his bilateral buttocks, thighs and calves. On 11/18/13 a clinical evaluation noted a chief complaint of dull, "numb" pain that radiated down both legs and toes. The patient noted overall weakness. Examination revealed that the patient was able to sit comfortably without evidence of pain. Neurologic exam revealed 4/5 muscle strength on the right side with knee extension; other results were unremarkable. Clinical diagnoses included lumbar disc displacement without myelopathy, degeneration lumbar disc disease, sciatica, and long term use of medications. A request was made for 12 sessions of aquatic therapy. A follow-up clinical exam on 12/16/13 documented no subjective acute changes to his pain condition. MRI in 2008 demonstrated degenerative disc changes at L2-L3 and L3-L4. On examination, it was noted that he ambulates the room without assistance and is able to sit comfortably without evidence of difficulty or pain. The treatment plan noted that he does stretching and walking exercises daily with benefit. He is also on oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSION OF AQUA THERAPY LUMBAR SPINE: Upheld

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

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Decision rationale: Aquatic therapy could be considered in cases where reduced weight bearing is desirable, such as extreme obesity. In this case there is no documentation of such a need and no evidence of extreme obesity. Furthermore, there is documentation that the patient is able to perform land based exercises. The 12 sessions of Aqua Therapy, Lumbar Spine is not medically necessary and appropriate.