

Case Number:	CM14-0001488		
Date Assigned:	01/22/2014	Date of Injury:	04/25/2009
Decision Date:	06/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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, has a subspecialty in 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:

This is a patient with a date of injury of 4/25/09. A utilization review determination dated 12/11/13 recommends non-certification of aquatic pool therapy and orthopedic bracing to the lower back. 10/21/13 medical report identifies low back pain decreased since the last visit, 6/10, frequently increasing to 9/10. Back pain level has reduced by 5%. Has had 12 PT treatments with the last sessions dated 9/30/13. On exam, there is scoliosis with some spasm, tenderness, and a trigger point. Lumbar facet loading and SLR are both positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC POOL THERAPY 3 TIMES PER WEEK X 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (effective July 18, 2009) Page(s): 22,98-99.

Decision rationale: Regarding the request for aquatic pool therapy 3 times per week x 4 weeks, CA MTUS Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever

reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than active participation in land-based therapy and/or independent home exercise, as land-based therapy was recently utilized. Furthermore, the request exceeds the recommended number of sessions per the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested aquatic pool therapy 3 times per week x 4 weeks is not medically necessary.

ORTHOPEDIC BRACING FOR THE LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines.

Decision rationale: The request for orthopedic bracing for the lower back, CA MTUS and American College of Occupational and Environmental Medicine (ACOEM) state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, it is noted that the patient is well beyond the acute stage of injury and there is no documentation of a clear rationale for back bracing such as a recent/pending surgery, compression fracture, spinal instability, etc. In the absence of such documentation, the currently requested orthopedic bracing for the lower back is not medically necessary.