

Case Number:	CM14-0003155		
Date Assigned:	01/31/2014	Date of Injury:	08/05/2012
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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 an employee of [REDACTED] who has submitted a claim for low back pain from an associated industrial injury date of August 5, 2012. Treatment to date has included Norco, Tylenol, Carisoprodol, Hydrocodone-Acetaminophen, Lexapro, Back Brace, 12 sessions of chiropractic treatment, 3 sessions of acupuncture and 12 sessions of Physical Therapy. Medical records from 2012 through 2013 were reviewed which showed that the patient complained of low back pain with radiculopathy in the lower extremities with numbness, tingling and weakness. On physical examination, there was noted spasm, tenderness and guarding on the lumbar spine along with decreased range of motion. Decreased dermatomal sensation was noted over the bilateral L5 dermatomes. Neurodiagnostics of the lower extremities done on May 13, 2013 showed no evidence of entrapment neuropathy and acute lumbar radiculopathy. Utilization review from December 10, 2013 denied the request for 12 sessions of Aqua Therapy for the Lumbar Spine because there is no indication or evidence that the patient is nonambulatory, semiambulatory, immobile, using a wheelchair, has fibromyalgia or morbidly obese.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF AQUA THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy..

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

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the patient's height is 6'0", weight of 230 lbs has a derived body mass index of 31.19 which represents obesity but not extreme obese, which is an indication for Aquatic Therapy. In addition, there was no documentation that the patient was intolerant to land-based therapy as the patient was able to complete 12 sessions of Physical Therapy. Therefore, the request for 12 sessions of aquatic therapy for the lumbar spine is not medically necessary.