

Case Number:	CM14-0003327		
Date Assigned:	01/31/2014	Date of Injury:	05/07/1999
Decision Date:	07/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 7, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar plain film imaging of January 6, 2012, notable for multilevel degenerative disc disease and facet arthropathy; transfer of care to and from various providers in various specialties; and topical drugs. In a utilization review report dated December 31, 2013, the claims administrator approved a request for oral Voltaren while conditionally denying a request for a six-month self-guided water therapy gym membership. A December 11, 2013, progress note was notable for comments that the applicant reported multifocal back, knee, and upper extremity pain. It was stated that the applicant's attempts to find a dentist to treat her dental trauma had been unsuccessful. It was stated that the applicant was reporting heightened stiffness and heightened pain owing to cold weather. There was tenderness about the lumbar paraspinal muscles. The applicant's gait was not described. The applicant was asked to employ Voltaren for pain relief, obtain a dental consultation, and obtain self-guided water therapy for the next six months. It was stated that ongoing water therapy would help to diminish the applicant's overall pain and improve her mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH MEMBERSHIP FOR SELF GUIDED WATER THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy Topic Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does support aquatic therapy in applicants in whom reduced weight bearing is desirable, in this case; however, the employee's gait and ambulatory status were not clearly detailed or described on the progress note in question on December 11, 2013. While the attending provider stated that the employee had difficulty performing land-based exercises, the attending provider did not, however, describe or characterize the applicant's gait. It is further noted that the MTUS Guideline in ACOEM, Chapter 5, notes that, to achieve functional recovery, patients must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Therefore, the request for six month membership for self guided water therapy is not medically necessary and appropriate.