

Case Number:	CM14-0009728		
Date Assigned:	02/21/2014	Date of Injury:	08/15/2012
Decision Date:	08/13/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 44 year-old female who reported an injury on 08/15/2012 which reportedly occurred when she fell out of a chair onto her buttocks and hit her head on the laminated floor and lost consciousness. Prior treatments included failed physical therapy, neuropsychological counseling, and chiropractic therapy. Prior diagnostics include x-rays and CT scan of the lumbar spine. On 02/19/2014, the injured worker complained of head, bilateral buttocks, hips, and low back pain. It was noted that the pain was worsened by lifting, sitting, bending, stress, standing, and twisting. It was reported the injured worker's pain level was noted at 1/10 being least, and an 8/10 with and without medications. It was noted in the last month, the injured worker's pain level without pain medications was a 2/10 being the least and 10/10 being the worst. On physical examination, it was noted that the injured worker sat throughout the exam and there was no evidence of overmedication, sedation or withdrawal symptoms. The physical examination of the lumbar spine was not submitted for this review. The medications included Norco 10/325 mg, Prozac 20 mg and Hydrochlorothiazide 25 mg. The diagnoses included back pain, lumbar chronic; headache; contusion of the back; post-concussion syndrome, morbid obesity. The request was for 24 Aquatic Therapy sessions for the lumbar spine as an outpatient. The authorization for request was submitted on 07/15/2013. The rationale was to encourage a gradual and progressive daily stretch regimen to help minimize chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Aquatic Therapy sessions for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22, 99.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guideline recommends aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The diagnoses included back pain, lumbar, chronic; headache; contusion of the back; post-concussion syndrome; morbid obesity. It was noted that the injured worker had prior sessions of physical therapy; however, it was noted she has failed physical therapy sessions in the past. There was lack of documentation on the injured worker's outcome of conservative care such as pain medication management or home exercise regimen. In addition, there was no physical examination submitted of the lumbar spine or functional impairment. Furthermore, the request for 24 aquatic sessions will exceed the recommended amount per the guideline. Given the above, the request for 24 Aquatic Therapy sessions for the lumbar spine is not medically necessary.