

Case Number:	CM14-0106966		
Date Assigned:	09/16/2014	Date of Injury:	03/31/2004
Decision Date:	11/13/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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 claimant is a 39 year old female research coordinator who was injured at work on March 31st, 2004 when involved in a work-related motor vehicle accident. The caused injury to her neck, back, left shoulder, left hip, left pelvis and caused headaches. The medical records were reviewed. Presently she complains of chronic low back pain (pain level 6-7/10) and left shoulder pain. Her diagnoses include lumbar discogenic disease status post lumbar fusion L3-4; tendonitis left shoulder with impingement. Co-morbid conditions include Systemic Lupus Erythematosus (SLE) and obesity (BMI = 31.6). Examination in May 2014 showed lumbar spine with painful and limited range of motion, positive straight leg raise bilaterally with pain at 60 degrees, palpable tenderness over L4-S1 facet joints, decreased sensation at L4-5 dermatome bilaterally. It also showed left shoulder with decreased range of motion and positive impingement sign. Treatment has included low back surgery (twice), physical therapy, epidural steroid injections, TENS and medications (Feldene, Vicodin, Pamelor, Tagamet, Amitriptyline, Toradol, Flexeril, Fentanyl 75mcg patch, Lidoderm patch, Prilosec, Motrin, Norco, and Soma). Present medications are Lidoderm patch, Norco, Motrin, Prilosec and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool, aquatic therapy twice a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301, Chronic Pain Treatment Guidelines Page(s): 22, 46-7, 98-9.

Decision rationale: Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. This is effective for patients with significant weight bearing difficulties such as morbid obesity or other significant weight bearing problems. The MTUS notes the significant benefits from regular exercise in returning individuals to function and describes a random controlled study that showed effectiveness of aqua therapy for long term relief of low back pain. It further notes that therapeutic exercises can relieve discomfort while improving dysfunction and endurance. This patient has already been given a trial of physical therapy without the pain relief that the provider anticipated. It makes sense to optimize non-surgical treatments whenever possible, thus this request for aquatic therapy is recommended and medically necessary.