

Case Number:	CM14-0012897		
Date Assigned:	02/24/2014	Date of Injury:	01/15/1994
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 a 46 year old male with an injury date of January 15, 1994. Based on the January 6, 2014 progress report the patient is diagnosed with chronic low back pain. Aqua therapy had been requested three times a week for four weeks for the low back. The utilization review determination being challenged is dated January 16, 2014. The rationale is that it is unclear if the patient had a condition where reduced weight-bearing would be desirable. Additionally, the request for 12 sessions of aquatic therapy for the low back would exceed the recommended 8 to 10 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE TIMES A WEEK FOR FOUR WEEKS LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN (CHRONIC), 22

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

Decision rationale: According to the January 6, 2014 report the patient presents with low back pain. The request is for aqua therapy three times a week for four weeks for the low back. The California MTUS Guideline states that 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, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of why the patient is unable to tolerate land-based therapy. Furthermore, the requested 12 sessions exceeds what is recommended by the California MTUS Guideline for myalgia/myositis, neuralgia/neuritis type of condition. The request is not medically necessary.