

Case Number:	CM14-0112404		
Date Assigned:	09/16/2014	Date of Injury:	12/02/2011
Decision Date:	10/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 and is licensed to practice in Texas. 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 50-year-old male who reported injury on 12/02/2011 while lifting bags of cement from a forklift to place on the bed of his work truck. He lifted the fourth bag weighing about 90 pounds, he had the onset of pain to the lower back with pain shooting to his legs. The injured worker complained on neck pain after surgery to the lower back. Diagnoses included x-rays and electromyograph study to the lower extremities. Past treatments included epidural steroid injections and physical therapy. A prior surgery included a lumbar fusion with titanium plate dated 08/2013. The physical examination of the lumbar spine revealed flexion of 15 degrees and extension of 5 degrees, with sitting root positive bilaterally, straight leg raise negative, Lasegue's sign negative, sciatic notch negative, Patrick's negative, piriformis tendon negative, popliteal tendon negative and iliac compression negative. The physical examination of the cervical spine revealed the head in neutral position with full range of motion to the neck and upper extremities, no noted tremors, or abnormal movements, appear well coordinated. The diagnoses included multilevel posterior spinal fusions with anterior body fusion with instrumentation and failed laminectomy syndrome. Past treatments also included a TENS unit, home heating/ice packing. Medications included ibuprofen and Vicodin. The treatment plan included aquatic therapy for the lower back, 24 sessions. The Request for Authorization dated 07/11/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the low back, twenty-four (24) sessions: Upheld

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

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

Decision rationale: The request for Aqua therapy for the low back, twenty-four (24) sessions is not medically necessary. The California MTUS recommend aquatic therapy 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. It is especially recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improve some components health related to quality of life, balance, and stair climbing in females with fibromyalgia, where regular exercise at higher intensities may be required to observe most of these gains. The injured worker's physical assessment did not indicate that aquatic therapy would need special circumstances to warrant aquatic therapy. The injured worker had physical therapy of unknown sessions and unknown functional improvement. The injured worker's clinical notes indicate that he complained of his neck pain and was not evident of complaints to the lower back. As such, the request is not medically necessary.