MAXIMUS Federal Services

Case Number:	CM14-0121402		
Date Assigned:	08/06/2014	Date of Injury:	01/06/1995
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 1/6/1995 in an automobile accident. She was diagnosed with lumbar spinal stenosis, lumbar pain, lumbar radiculitis. She was treated with exercise, joint injections, epidural injections, oral medications, topical analgesics, TENS unit, and surgery (lumbar). Unfortunately, she continued to experience chronic back pain regardless of the surgery and other therapies. Reports from earlier office visits suggests that the worker was unable to stand for very long, sleep, perform basic duties around the home, and travel due to the significant low back pain. Previous efforts to perform aquatic therapy lead to only minimal progress with the worker's overall function, unfortunately. On 6/25/14, the worker was seen by her treating physician complaining of increasing low back pain. She reported performing exercises at home. Physical examination revealed decreased range of motion, lumbar spasm, but with a normal neurological examination. She was recommended to return to her gym for exercising, including aquatic therapy, to continue using a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Aquatic therapy.

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is generally recommended, but evidence is still limited in regards to preference of one type of exercise over another. Aquatic therapy, according to one randomized controlled trial was found to be helpful for patients with fibromyalgia. The ODG states that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy for low back pain, and may be especially useful for those who require reduced weight-bearing such as obese individuals. In the case of this worker, aquatic therapy has been attempted and did not significantly improve the worker's functional capacity, according to the records available for review. Therefore, the aquatic therapy is not medically necessary.