

Case Number:	CM14-0123028		
Date Assigned:	08/08/2014	Date of Injury:	06/13/2007
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 and 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 52-year-old male who reported an injury on 06/13/2007. The mechanism of injury was not provided. On 07/15/2014, the injured worker presented with complaints of lower back pain radiating to the left lower extremity and into the right buttock. Upon examination of the lumbar spine, there was decreased painful range of motion and positive bilateral straight leg raise. The injured worker's gait was antalgic and he walked with a singlepoint cane. He reported having radicular pain into the L4-5 and L5-S1 distributions. The diagnoses were failed back, anterior and posterior fusion of the L4-5 and L5-S1, interbody fusion, lumbar radiculopathy, insomnia, anxiety and depression, and history of hypertension nonindustrial. Prior therapy included aquatic therapy, hot and cold packs, home exercise program, and medications. The provider recommended 12 water therapy visits between 07/10/2014 and 08/24/2014. The provider's rationale was not provided and the request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Water Therapy Visits between 07/10/2014 and 08/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

Decision rationale: The request for 12 water therapy visits between 07/10/2014 and 08/24/2014 is not medically necessary. The California MTUS states aquatic therapy is an optional form of exercise where available as an alternative to land-based physical therapy. Aquatic therapy minimizes the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend 10 visits over 4 weeks. There is lack of documentation indicating the injured worker is recommended for reduced weight bearing exercise. Additionally, the provider's request for 12 aquatic therapy visits exceeds the guideline recommendations and the efficacy of the prior use of aquatic therapy was also not provided. As such, this request is not medically necessary.