

Case Number:	CM14-0152203		
Date Assigned:	09/22/2014	Date of Injury:	04/21/2010
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

Medical records reflect the claimant is a 53 year old male who sustained a work injury on 4-21-10 when he tripped on a pipe and fell. The claimant has been treated with medications, physical therapy, epidural steroid injections, TENS, surgery, home exercise program, aquatic therapy. The claimant underwent L5 to S1 fusion and on 4-18-13 and exploration of fusion, removal of hardware at L5 to S1 on 3-12-14. The claimant has had 18 postop aquatic therapy sessions. Office visit on 8-19-14 notes the claimant has severe low back pain with radiation of pain as well as numbness and tingling to bilateral lower extremities with associated spasms. The claimant is currently on no medications. On exam, the claimant has tenderness to palpation, and restricted range of motion, SLR (straight leg raise) is positive, motor strength shows EHL (extensor hallucis longus) and peroneus longus at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. There is an absence in documentation noting that this claimant cannot perform a home exercise program or that there is obesity that requires reduced weight bearing. Additionally, no result of past physical therapy was documented. Therefore, the medical necessity of this request is not established.