

Case Number:	CM14-0153486		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2007
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

This 66 year old patient had a date of injury on 10/10/2007. The mechanism of injury was deck broke apart and he fell through the hole, landing on his back on top of large rock. In a progress noted dated 8/11/2014, the patient complains of continuous pain, numbness and tingling in both legs. He has increased pain with prolonged walking and standing. On a physical exam dated 8/11/2014, there is left sided paraspinal tenderness on palpation, and buttock tenderness. There is right sided tenderness as well, and paraspinal spasms noted. There is decreased S1 sensation in left lower extremity. The diagnostic impression shows low back syndrome, sciatica, lumbar/lumbosacral disc degeneration, postlaminectomy syndrome (lumbar). Treatment to date: medication therapy, behavioral modification, transcutaneous electrical nerve stimulation (TENS) unit, aquatic therapy. A UR decision dated 9/2/2014 denied the request for aquatic therapy for the low back times 6, stating the records do not establish that this patient is extremely obese or is unable to tolerate land-based physical therapy. Furthermore, the records do not establish any objective functional improvement or change in work status from previous 6 authorized sessions of aquatic therapy to support continued therapy. No additional objective medical information has been provided with the appeal letter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the low back; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the 8/11/2014 progress report, there was no evidence that this patient was obese, and could not tolerate land based exercises. Furthermore, this patient was documented to have had 6 previous aquatic sessions, and there was no clear functional benefits noted from these sessions. Therefore, the request for aquatic therapy times 6 for the low back is not medically necessary.