

Case Number:	CM14-0158272		
Date Assigned:	10/01/2014	Date of Injury:	02/23/2007
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Ohio. 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 has a date of injury of 2-23-2007. It appears he had an extraforaminal discectomy on 5-13-2014. We have one note to review, that being from 9-4-14. The injured worker stated he was still having back pain but that the surgery had improved his leg pain. The physical exam revealed restricted lumbar range of motion, with tenderness to palpation of the paraspinal musculature, but a normal lower extremity neurologic exam. The diagnoses were acute low back pain, lumbar radiculopathy, and a history of spine surgery. The injured worker stated that physical therapy had helped previously. The treating physician has requested aquatic therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy for the lumbar spine, 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: 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 may be advantages to weightless running in back pain recovery. In this situation, we are not provided with the quantity of physical therapy treatments previously or objective measures of response. Additionally, there is no documentation to support that the injured worker needs the effects of gravity minimized, for example, because of obesity. Water therapy for the lumbar spine, 3 times a week for 4 weeks is therefore not medically necessary.