

Case Number:	CM14-0161416		
Date Assigned:	10/06/2014	Date of Injury:	03/15/1999
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 North Carolina. 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 claimant is a 58-year-old with a reported date of injury of 03/15/1999. The patient has the diagnoses of lumbar post laminectomy syndrome and lumbago. Past treatment modalities have included lumbar surgery and epidural steroid injections (ESIs). Per the most recent progress notes provided for review by the primary treating physician, dated 08/29/2014, the patient had complaints of continued low back pain radiating down to the left lower extremity with weakness, numbness and tingling. The physical exam noted tenderness at the lumbosacral junction and decreased motor strength and sensation in the left lower extremity. The treatment plan recommendation included aquatic therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines' section on aquatic therapy says it 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The patient has also already completed 16 sessions of aquatic therapy, and there is no indication as to why a transition to home-based physical therapy has not yet been made (as per the California MTUS guidelines on physical medicine). For these reasons criteria have not been met for the requested service and it is not medically necessary.