

Case Number:	CM14-0168315		
Date Assigned:	10/15/2014	Date of Injury:	06/06/2013
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 New Jersey. 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 worker is a 44 year old male who was injured on 6/6/2013. He was diagnosed with lumbar disc herniation, lumbago, and lumbar radiculopathy. He was treated with physical therapy (including aquatic therapy) and various medications. The worker was seen by his orthopedic physician (no date included in note) complaining of low back pain with bilateral leg radiation and numbness in the left leg rated at 5-6/10 on the pain scale. He also reported bowel and urinary incontinence (reported previously) and erectile dysfunction at that time. He also reported having completed aqua therapy previously prescribed and requested more aquatic therapy as it "provided some help" (not quantified). Physical examination findings included tenderness of the paralumbar muscles and positive straight leg raise test. He was then recommended 8 more sessions of aquatic physical therapy and 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2xwkx 4wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, he had reported responding positively to previous aquatic physical therapy sessions, although this was not described in more depth or quantified in the documentation, which is required in order to justify continuation of this modality. Also, there was no explanation as to why the worker required aquatic therapy over land-based physical therapy. Therefore, the aquatic physical therapy will be considered not medically necessary until the proper documentation shows evidence of benefit with the worker's overall function and pain levels.