MAXIMUS Federal Services

Case Number:	CM14-0176794		
Date Assigned:	10/30/2014	Date of Injury:	10/05/2012
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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 Spinal Cord Injury and is licensed to practice in New York. 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 is a 56-year-old female who reported an injury on 10/05/2012. The mechanism of injury was a fall. Her diagnoses included lumbosacral radiculitis, spinal stenosis of the lumbar region without neurogenic claudication and depressive disorder. Her past treatments included medications, cognitive behavioral therapy, 5 sessions of acupuncture, 16 sessions of physical therapy and use of a TENS unit. On 09/19/2014, the injured worker complained of lower back pain radiating to the left leg, and right wrist and right hand pain radiating to the right arm. Her average level of pain was rated at 9/10. Examination of the lumbar spine revealed range of motion at 30 degrees of flexion and 10 degrees of extension, a positive straight leg raise test, diminished sensation in the left L4 and L5 dermatomes of the lower extremities, reflexes were symmetric at 1+/4 and motor strength of the lower extremities was 5/5 bilaterally. Her current medications were not listed in the documentation. The treatment plan included medications and a trial of a therapeutic spinal injection. A request was received for aqua therapy 2 times a week for 6 weeks to the lumbar spine. The rationale for the request was not included. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 Times A Week for 6 Weeks to The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Aquatic Therapy Page(s): 22, 98-99.

Decision rationale: The request for aqua therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary. California MTUS Guidelines recommend 8 to 10 physical therapy visits for neuralgia, neuritis and radiculitis. Clinical notes indicated that the injured worker had completed 16 sessions of physical therapy by 04/2013. In addition, guidelines recommend aquatic therapy as an optional form of exercise therapy where reduced weight bearing is desirable, for example extreme obesity. A psychology progress note dated 08/19/2014 indicated that the injured worker reported weight gain since the injury and was, at that time, 145 pounds. However, there was no recent evidence to indicate obesity and there were no other significant findings to indicate the necessity of aquatic therapy versus land based physical therapy. In the absence of documentation supporting evidence of significant findings warranting the need for aqua therapy, the request is not supported. Therefore, the request is not medically necessary.