

Case Number:	CM14-0178665		
Date Assigned:	11/03/2014	Date of Injury:	09/03/2013
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 63-year-old female with a 9/3/13 date of injury. At the time (10/20/14) of Decision for Aquatic Therapy for Lumbar Spine Evaluation (2x4), there is documentation of subjective (low back pain radiating to the lower extremities) and objective (wide-based gait, diffuse tenderness to palpitation over the paravertebral musculature, moderate facet tenderness over the L5-S1 level, positive Fabere's/Patrick test, Sacroiliac thrust test, and Yeoman's test on the right side, positive Kemp's and straight leg raise test bilaterally, and limited range of motion of the lumbar spine) findings, current diagnoses (lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (activity modifications, physical therapy, epidural injections, and medications). There is no documentation of reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for Lumbar Spine Evaluation (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 22, 98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. However, there is no documentation of reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for Aquatic Therapy for Lumbar Spine Evaluation (2x4) is not medically necessary.