

Case Number:	CM14-0026981		
Date Assigned:	06/13/2014	Date of Injury:	05/15/1995
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 is licensed to practice in Texas and 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 is a 62-year-old female with a reported date of injury on 05/15/1995. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of low back pain, right buttock, and right leg pain. The injured worker presented post lumbar laminectomy and discectomy in 1995 with L5-S1 lumbar fusion in 1996. The clinical note dated 05/22/2014 indicated the injured worker's activity level has decreased due to increased pain but was independent with activities of daily living. Upon physical examination, the injured worker's lumbar spine revealed normal back posture, with tenderness to palpation along the midline of the lumbosacral spine and paraspinous musculature bilaterally. The lumbar range of motion revealed rotation and extension caused low back pain. Lumbar flexion and extension were noted to be diminished. In addition, the physician indicated that the injured worker's pain symptoms were stable and did not anticipate any modification to her regimen. The injured worker's diagnoses included post lumbar laminectomy, lumbar radiculopathy, low back pain, depression, hypogonadism, and constipation. The current medications include Norco, Exalgo, Zanaflex, Celebrex, Xanax, Flonase Nasal Spray, Fiorinal, Lidoderm, Relistor, Lopressor, Levothyroxine, Phenergan, Sudafed PA, MiraLax, Prevastatin, and Vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3-4X4 TO LOW BACK: Upheld

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

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

Decision rationale: MTUS Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity in disorders specifically recommended where reduced weightbearing is desirable, for example extreme obesity. The guidelines recommend 8 to 10 aquatic visits over a 4 week period. There was a lack of documentation provided related to the injured worker's functional deficits to include range of motion values in degrees. There was a lack of documentation related to the need for the decreased effects of gravity. The injured worker's height is 61 inches, weight is 129 lbs and her body mass index (BMI) is 24.37. The request for a potential 16 aquatic visits exceeds the guideline recommendations. Therefore, the request is not medically necessary.