

Case Number:	CM14-0028339		
Date Assigned:	06/16/2014	Date of Injury:	02/01/2011
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine, 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 47-year-old female with a 2/1/11 date of injury. There is documentation of subjective complaints of low back pain rated at 9/10 and radiating to the bilateral hips and knees. There is a positive straight leg raise on the right, positive Braggard's on the right, positive sciatic notch tenderness on the right, trigger points in the buttock and thigh, and decreased sensation over the L4 dermatome on the right. Current diagnoses include lumbago and lumbar intervertebral disc displacement without myelopathy, and treatment to date has included medications, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 4 WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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. Treatment should not exceed 10 visits over 4-8 weeks with the allowance for fading of treatment frequency, and the transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar intervertebral disc displacement without myelopathy. However, given documentation of a 2/1/11 date of injury, where there would have been an opportunity to have had previous aquatic therapy, it is not clear if this is a request for initial or aquatic therapy. In addition, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable. As such, the request is not medically necessary.