

Case Number:	CM14-0029479		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2013
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old female who reported an injury on 12/11/2013 due to an accidental trauma. On 02/19/2014 she reported pain in the low back, left buttock, and leg. A physical examination revealed tenderness extending into the left sciatic notch, a slightly positive straight leg raise on the left and negative on the right, and sensory and motor exams were normal. Her diagnoses included a history of lumbosacral strain/contusion, lumbar scoliosis and disc degeneration, and possible lumbar disc herniation with persistence of back and left radicular leg pain. Medications included Motrin, muscle relaxants and omeprazole. The treatment plan was for aquatic therapy/exercises. The request for authorization form and rationale for treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy/Exercises: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: It was noted that the injured worker had not responded to conservative care measures. California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy specifically where reduced weight bearing is desirable, such as extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The requesting physician did not specify the reasoning of the need for aquatic therapy rather than physical therapy. Furthermore, the request does not specify the number of visits. The documentation provided lacks the necessary information needed to determine the need for aquatic therapy and warrant the request. As such, the request is not medically necessary.