

Case Number:	CM14-0029893		
Date Assigned:	06/20/2014	Date of Injury:	08/28/2010
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine 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:

The patient is a 62 year-old male with an 8/28/2010 date of injury. According to the 2/11/14 pain management report from [REDACTED], the patient presents with chronic low back pain, and has been diagnosed with lumbosacral spondylosis. He recently had an ESI on 2/4/14 with 50-70% reduction in pain. He also has history of intra-aortic stent graft for abdominal aortic aneurysm. [REDACTED] recommended aquatic therapy for the low back 1x12 weeks. The request was denied by UR on 2/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, physical medicine guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

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

Decision rationale: The patient presents with chronic low back pain, and was about 2 weeks s/p lumbar ESI when the physician requested aquatic therapy x12 sessions. There is no indication that the patient had a recent surgery, so the MTUS Chronic Pain Treatment Guidelines apply. MTUS supports aquatic therapy as an alternative to land-based PT where reduced weight-bearing is desirable. MTUS refers readers to the Physical Medicine section for the specific number of supervised visits. The MTUS Physical Medicine sections recommends 8-10 sessions of therapy for various myalgias and neuralgias. The request for 12 sessions will exceed the MTUS recommendations therefore aquatic therapy one time a week for 12 weeks for the low back is not medically necessary.