

Case Number:	CM14-0031844		
Date Assigned:	06/16/2014	Date of Injury:	04/25/2008
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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, and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 4/25/08. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the low back. The injured worker's treatment history included multiple medications and physical therapy. The injured worker was evaluated on 12/30/13. It was documented that the injured worker's medications included cyclobenzaprine, hydrocodone, omeprazole, meloxicam, and methocarbamol. It was documented that the patient had low back pain rated 8/10 that radiated into the right lower extremity. Physical findings included a positive straight leg raising test to the right at 45 degrees and to the left at 60 degrees. The injured worker's diagnoses included musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, chronic right L5 radiculitis, and status post caudal equina epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWICE A WEEK FOR EIGHT WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS recommends aquatic therapy for injured workers who require a non-weight-bearing environment while participating in physical rehabilitation. The clinical documentation submitted for review does not provide any justification for the need of a non-weight-bearing environment while participating in physical therapy. There are no factors to preclude further progress of the patient while participating in land based active therapy. As such, the request is not medically necessary.