

Case Number:	CM14-0032179		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2012
Decision Date:	07/18/2014	UR Denial Date:	02/22/2014
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 Rehabilitation & Pain Management 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 43 year old with an injury date on 10/5/12. Based on the 2/9/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic spinal strain 2. lumbar spinal strain Exam of L-spine 2/9/14 showed "Tender thoracic and lumbar paravertebral muscles. Pain on straight leg raising in the low back, but no pain in the legs, Occasional paresthesias. Sensorimotor exam intact. Diminished range of motion of L-spine. Flexion 50 degrees, extension 20 degrees, lateral flexion 20 degrees." [REDACTED] is requesting 12 sessions of aquatic therapy for thoracic and lumbar spine. The utilization review determination being challenged is dated 2/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/27/13 to 2/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy for thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22, 98-99.

Decision rationale: This patient presents with lower back pain/stiffness. The treater has asked 12 sessions of aquatic therapy for thoracic and lumbar spine on 11/13/13 . Review of the reports shows no history of surgeries, and no prior aquatic therapy sessions in recent past. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Regarding physical medicine, MTUS guidelines allows for 8-10 sessions for various myalgias and neuralgias. Given the lack of any therapy treatments in the recent past a short course of 8-10 sessions may be supported by MTUS but not the requested 12 sessions. Recommendation is for denial.