

Case Number:	CM14-0034603		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2010
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Nevada. 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 28-year-old female injured on 7/20/2010. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 11/25/2013, indicates that there were ongoing complaints of pain in her lower back intermittently in the lower extremities. She got intermittent weakness in the lower extremities, and on one occasion her right leg has given way, and she twisted her left knee. She has had left knee pain since that incident. She stated her back pain has increased, since she was last evaluated. The physical examination demonstrated lumbosacral spine inspection with no lesions or deformities and positive tenderness to palpation in the lower lumbar spine. Range of motion was noted to be 75% of normal and was limited by pain. Paraspinal muscle strength/muscle tone within normal limits. Diagnostic imaging studies included an MRI, which demonstrated multilevel disc dissection and a small disc herniation at L4-L5. MRI of the thoracic spine dated, 8/28/2013, revealed degenerative disc disease with T8-T9 small left paracentral protrusion without canal stenosis or neural foraminal narrowing at any level. A 1.2 cm focus of T2 prolongation was seen in the thoracic cord at the T5-T6 level. Previous treatment included referral to pain management and medications, which consisted of Norco 7.5/325 mg, Ultracet 37.5/325mg, Protonix 40 mg and Voltaren ER 100 mg. A request had been made for 12 aqua therapy visits for the lumbar spine and was not certified in the pre-authorization process on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy visits for the 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. 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. Water exercise improved some components of health related quality of life, balance and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After reviewing the clinical documentation provided, the injured worker is able to ambulate without assistive devices and is not morbidly obese, the clinical documentation provided does not substantiate the clinical need for aqua therapy or the documented failure/intolerance of a land based program. Aqua therapy is deemed to be not medically necessary at this time.