

Case Number:	CM14-0035716		
Date Assigned:	06/23/2014	Date of Injury:	08/23/2011
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 27-year-old female with date of injury of 08/23/2011. The listed diagnosis per [REDACTED] dated 03/03/2014 is lumbar radiculopathy. According to this report, the patient has increased pain secondary to the cold weather. The physician has made a third request for aqua therapy as well as a core exercise program. She continues to take medication for pain which has been helping. The physical exam shows paravertebral muscles are tender to palpation. Spasm is present. Range of motion is restricted and straight leg raise test is positive bilaterally. The utilization review denied the request on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3 x4, lumbar QTY; 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic therapy guidelines, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22; 98,99.

Decision rationale: This patient presents with lumbar spine pain. The physician is requesting aquatic therapy x12 sessions. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any recent aqua/physical therapy reports to verify how many treatments the patient has received and with what results. However, the documents note that the patient has tried physical therapy in 2011, but results were not reported. In this case, the physician does not explain why the patient is not able to tolerate land-based therapy. Furthermore, the requested 12 sessions exceeds guidelines thus the request is not medically necessary.