

Case Number:	CM14-0036263		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2005
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 57-year-old female with an injury date on 10/07/2005. The listed diagnoses per [REDACTED] dated 12/12/2013 are: 1. History of multiple lumbar surgeries. 2. Intractable lumbar pain (exacerbated). 3. Lumbar radiculopathy. 4. Depression/anxiety. 5. History of epigastric pain. According to this report, the patient complains of low back pain with stiffness and spasm. The pain at times would radiate to the leg with tingling and numbness. The patient is using a cane for ambulation. The patient's current medications are Norco, Ambien, and Cymbalta. Lumbar range of motion is restricted with tenderness over the lumbar paraspinals area. There were no other significant findings noted on this report. The utilization review denied the request on 02/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/27/2013 to 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic Therapy sessions related to lumbar spine injury, as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders, on the Non-MTUS ACOEM](https://www.acoempracguides.org/Chronic%20Pain;Table%202,Summary%20of%20Recommendations,Chronic%20Pain%20Disorders,on%20the%20Non-MTUS%20ACOEM) -<https://www.acoempracguides.org/Low>

Back; Table 2, Summary of Recommendations, Low Back Disorders, and on the Official Disability Guidelines; Work Loss Data Institute , LLC, Corpus Christi, TX;www.odg-twc.com; Section: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22, and 98-99.

Decision rationale: According to the 12/12/2013 report by the treating physician, this patient presents with low back pain with stiffness and spasm. The treater is requesting twelve (12) session of aquatic therapy for the lumbar spine. The Chronic Pain Guidelines recommend aquatic therapy as an option for land-based physical therapy (PT) in patients that could benefit from decreased weight-bearing. The guidelines indicate that eight to ten (8-10) sessions of PT are indicated for various myalgias and neuralgias. Review of the reports from 09/27/2013 to 12/12/2013 shows no therapy reports and there is no discussion regarding the patient's progress. The treater also does not provide any discussion regarding what is to be achieved with the requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In this case, the requested twelve (12) sessions exceed what is allowed by the guidelines. The request is not medically necessary.