

Case Number:	CM14-0037698		
Date Assigned:	06/25/2014	Date of Injury:	12/13/2005
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 Pain Medicine 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 52-year-old female who reported an injury on 12/13/2005 from a mechanism of unknown injury. The injured worker had a history of lower back pain. Upon examination on 03/31/2014, the injured worker presented with shoulder, back and neck pain. Upon examination on 01/07/2014, the injured worker complained of continuous low back pain. The pain level was 7/10. The injured worker reported that her right leg radicular pain had improved since surgery. The injured worker had met a goal of being to ambulate with equal weight-bearing through the bilateral lower extremities. The injured worker continued with the home exercise program. The injured worker had a diagnosis of lumbar post-laminectomy syndrome, and chronic pain syndrome. The prior surgeries included lumbar fusion, shoulder surgery, revise ulnar nerve at elbow, and carpal tunnel surgery. Prior treatments included medications, home exercise program, seven (7) sessions of physical therapy, land and pool therapy to date, and injections. Medications included Anucort-HC 25 mg, Baclofen 10 mg, Carafate 100 mg/ml, Cromolyn 4% eye drops, Dymista 137 mcg-50 mcg/ spray nasal spray, Gabapentin 300 mg, hydroxyzine HCl 25 mg, Hyoscyamine ER 0.375 mg, Lioderm 5% (700 mg/patch), MS Contin 15 mg, Omeprazole 40 mg, Premarin 0.625 mg/gram vaginal cream, Terconazole 0.8% vaginal cream, Promethazine-Codeine 6.25 mg-10 mg/5 ml, Terconazole 0.8% vaginal cream, and Zolpidem 10 mg. The treatment request is for additional aquatic therapy, one to two (1 -2) times a week for six (6) weeks to the lumbar spine. The request for Authorization Form and rationale for the request were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy, one to two (1-2) times per week for six (6) weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured worker has a history of lower back pain there is no clinical documentation to warrant additional aqua therapy. There is lack of documentation to state that the injured worker needs reduced weight bearing. The guidelines recommend up to ten (10) sessions of therapy. The injured worker received seven (7) sessions of physical therapy. The current request as submitted would exceed guideline recommendations. As such, the request for additional aquatic therapy one to two (1-2) times a week for six (6) weeks to the lumbar spine is not medically necessary.