MAXIMUS Federal Services

Case Number:	CM14-0042721		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2011
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 58-year-old with a reported date of injury of 02/26/2011/ the patient has the diagnoses of chronic myofacial pain syndrome, thoracic spine and lumbosacral radiculopathy. The most recent progress notes by the primary treating physician dated 06/16/2014 states the patient has complaints of constant lower back pain that varies from 6-7/10 on the pain scale and intermittent pain and numbness in the left leg. Physical exam noted restricted range of motion in the thoracic and lumbar spine, multiple trigger points, bilateral positive straight leg test and decreased pinprick sensation in the left calf. Treatment plan consisted of trigger point injections, continuation of pain medication and request for epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x 6, Thoracolumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS chronic pain medical treatment guidelines section on aquatic therapy states: 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. There is no documentation in the provided progress notes of extreme obesity or why aquatic therapy would be needed as an alternative to land-based physical therapy. For these reasons, these requested services are not medically necessary.