

Case Number:	CM14-0044542		
Date Assigned:	07/02/2014	Date of Injury:	11/26/2012
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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:

This is a 64-year-old female with a date of injury if 11/26/12. The mechanism of injury was to the lower back when she slipped on wet cement. The patient complains of low back pain, and has had 5 completed courses each of physical therapy, chiropractic therapy, and acupuncture. A progress report dated 3/20/14, stated the patient is still with back pain, and worse after the last epidural injection, is scheduled for a psychiatric evaluation and remains out of work due to her employer not being able to accommodate her restrictions. Her doctor wants her to try aquatic therapy. Objective assessment: she is somewhat improved after her first lumbar epidural, however the second injection made her condition worse. The diagnostic impression is discogenic syndrome. Treatment to date: s/p facet rhizotomy, medication management, physical therapy, chiropractic therapy, acupuncture, home exercises. A UR decision dated 3/28/14, denied the request for aquatic therapy. Guidelines do recommend aquatic therapy as an alternative to land based physical therapy. The documentation submitted for review indicated that the patient had failed 3 previous courses of therapy and other conservative measures. However, the type of therapy and list of conservative measures were not included in the documentation submitted for review to make a determination. As such, the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x week for 4 weeks (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, it was noted that the patient had completed 5 courses each of physical therapy, chiropractic therapy, and acupuncture therapy, with physical therapy of no benefit. It is unclear why the land-based physical therapy was of no benefit and if this is the case, there is no rationale given as to why aquatic therapy would be any more effective. Therefore, the request for aquatic therapy 2 x a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.