

Case Number:	CM14-0049100		
Date Assigned:	06/25/2014	Date of Injury:	02/16/1990
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 77 year old female with an injury date of 02/16/90. Based on the 12/18/13 progress report provided by [REDACTED], the patient complains of low back and bilateral leg pain, numbness and tingling. The patient's diagnoses includes a remote history of lumbosacral strain on February 16, 1990, advanced lumbar degenerative disc disease at L5-S1 with disc space collapse and the development of instability and degenerative spondylolisthesis of L4 on L5 with probable progressive lumbar stenosis. [REDACTED] is requesting for aqua therapy 2 x 6 for the lower back. The utilization review determination being challenged is dated 03/13/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 12/18/13, 02/18/14, 03/20/14, and 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x6 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the 12/18/13 report by [REDACTED], the patient presents with low back and bilateral leg pain, numbness and tingling. The request is for aqua therapy 2 x 6 for the lower back. The 02/13/14 aquatic therapy note states that the patient has been seen in aquatic therapy 6 times since her initial evaluation 01/28/14. She has improved in therapy and pain intensity is diminished. She has 6 remaining authorized visits. In reference to aquatic therapy, MTUS Guidelines page 22 recommends 9-10 visits over 8 weeks for myalgia and myositis; 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis; 24 visits over 16 weeks for reflex sympathetic dystrophy. In addition to the 12 sessions of aqua therapy the patient has already had, the additional 12 sessions of aquatic therapy exceed what is recommended by MTUS. MTUS page 22 also states 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. In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. The patient appears to have had adequate therapy having completed 12 sessions as well. Therefore the request is not medically necessary.