

Case Number:	CM14-0055946		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2013
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 56-year-old male who sustained a left wrist and lower back injury on 01/18/2013 as a result of flipping over a chair and fell after the chair rolled out from under him as he was in the process of sitting down. Since then he has had a complaint of both left wrist and lumbar spine pain. The patient reports experiencing left wrist pain with numbness into his left hand. He also complains of lower back, hip and buttock pain that radiates down his right lower extremity. A lumbar MRI demonstrates a 5mm disc bulge at L5-S1. On physical examination the patient has deep pain to the gluteal muscle on the right. Additionally, the patient has difficulty performing toe and heel walking, but has preservation of sensation in his lower extremities. He has a positive straight leg raise on the right with a symmetric reflex for patella and Achilles tendons. His current treatment includes narcotic pain medication, muscle relaxants with a request for aqua therapy. Decision for Aqua Therapy 3 X week X 6 Weeks left wrist and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquo Therapy 3 x Week x 6 Weeks Left Wrist and Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): page(s) 22. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Aquatic therapy.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. A review of the above listed guidelines authorizes aquatic therapy in place of land based physical therapy. There may be advantages to weightless running in back pain recovery. A randomized controlled trial (RCT) concluded that water-based exercises produced better improvement in disability and quality of life of patients with chronic low back pain (CLBP) than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures.