

Case Number:	CM14-0059234		
Date Assigned:	07/09/2014	Date of Injury:	07/22/2004
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology has a subspecialty in Pain 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:

The injured worker is a 64 year old male who was injured on 07/22/04 while lifting a gasoline tank from a vehicle. He is status post L5-S1 instrumented lumbar fusion. The injured worker continued to complain of low back pain, and a hardware block was performed on 02/01/14 which was noted to have provided 75% relief for 3 days. Per progress report dated 03/24/14 the injured worker is awaiting authorization for hardware removal; still has mechanical pain and spasm; meds help. Aqua therapy 2x4 weeks was requested. The injured worker was seen on 06/12/14, and it was noted that hardware removal was denied. The injured worker continues to have constant low back pain with left sided radiculopathy symptoms and a new onset of pain in the right side of the lumbar spine following hardware block injection. The injured worker was advised to continue with home exercise to prevent deconditioning. He was prescribed Omeprazole and Ultracin topical cream, and he has sufficient amount of Tizanidine and Tylenol #3 at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 4 weeks, lumbar spine: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule notes that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. The records provided for review do not indicate if the requested therapy was intended to be postoperative following hardware removal. There is no evidence that the injured worker has been unable to perform land based physical therapy in the past, or that he is obese or otherwise requires reduced weight bearing with aquatic therapy. It appears that the injured worker has been performing a home exercise program as progress report dated 06/12/14 noted that the injured worker was advised to continue to perform home exercises. Based on the clinical information provided, medical necessity is not established for Aqua Therapy 2 times a week for 4 weeks, lumbar spine.