

Case Number:	CM14-0071422		
Date Assigned:	07/14/2014	Date of Injury:	04/10/2012
Decision Date:	10/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on April 10, 2012. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness and spasms along the lumbar spine with decreased flexion and extension. Diagnostic imaging studies objectified a T9 compression fracture and facet arthropathy at L4 - L5 and L5 - S1. Previous treatment includes aquatic therapy. A request had been made for pool therapy twice week for eight weeks and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for lumbar spine 2x8. Total # visits 16.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A review of the attached medical records indicates that the injured employee has previously participated in aquatic therapy with some temporary benefit however there

appears to be no long-term relief from this therapy. Additionally, there is no justification as to why landbased therapy or home exercise is inadequate. For these reasons, this request for pool therapy twice week for eight weeks is not medically necessary.