

Case Number:	CM14-0079244		
Date Assigned:	07/18/2014	Date of Injury:	08/03/2012
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in South Dakota. 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 61 year old male who was reportedly injured on 08/03/2012. The mechanism of injury was noted as the injured worker installing a 75 gallon fuel tank when low back pain began. The last progress note dated 04/30/2014. An epidural steroid injection was done on 03/11/2014 and the injured worker stated improvement in pain afterwards. Pain is 3/10 for the low back. Left leg pain was not resolved. Physical examination noted thoracic range of motion is within normal limit. Stiffness noted upon rising from a seated position. Gait is normal. Lumbar range of motion indicates flexion 45 degrees, extension 15 degrees, lateral flexion left/right 20/25. Sensation intact is noted. Motor is 5/5 bilateral lower extremities. Diagnoses are low back pain, lumbar disc displacement at multiple levels, lumbar facet arthropathy with a possible source for lumbago, lumbosacral radiculopathy, myofascial dysfunction as noted by muscle tone changes in the lumbar paraspinous muscles. A request was made for aquatic therapy for the lumbar spine, 8 visits and was not certified on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine, 8 visits: Upheld

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

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

Decision rationale: MTUS regards aquatic therapy as an alternative to land-based therapy when reduce weight bearing is desirable. The records in this case do not refer to a recommendation for reduced weight bearing. Therefore, the request for aquatic therapy for the lumbar spine, 8 visits is not medically necessary.