

Case Number:	CM14-0087352		
Date Assigned:	07/23/2014	Date of Injury:	08/09/2010
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/10/2014

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 43-year-old female with an injury date of 8/9/10. According to the 5/22/14 progress report, the patient complains of lower back pain and leg pain. She has radiating leg pain, specifically in the calf, ankle, and foot. Her lower back pain radiates to the right buttock and dorsal lateral thigh. She also has cramping and severe spasms in her lower back, numbness/tingling in the right thigh, and a burning sensation in the left thigh. The patient's diagnoses include status post L4-L5 global arthrodesis, L5-S1 disk bulge with facet arthrosis on recent MRI - non-surgical at present, and recent left shoulder injury after fall.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy visits for the lumbar spine, 2 times a week for 6 weeks as an outpatient:
Upheld

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

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

Decision rationale: Based on the 5/22/14 progress report, the patient presents with pain in her lower back as well as her leg. The MTUS Chronic Pain Medical Treatment Guidelines state 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 need for reduced weight bearing. There is no discussion as to why the patient needs aqua therapy or what goals will be achieved with this aqua therapy. There is no indication of why the patient cannot tolerate land-based exercises and the current request of 12 sessions exceeds what the MTUS allows. As such, the request is not medically necessary.