

Case Number:	CM14-0099317		
Date Assigned:	07/28/2014	Date of Injury:	05/20/2013
Decision Date:	10/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 29-year-old gentleman was reportedly injured on May 20, 2013. The most recent progress note, dated February 4, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities with numbness and tingling. Current medications include gabapentin, hydrocodone, tramadol, cyclobenzaprine, ibuprofen, and Pantoprazole. The physical examination demonstrated tenderness along the right sacroiliac region and decreased lumbar spine range of motion secondary to pain. Diagnostic imaging studies of the lumbar spine revealed a disc extrusion at L3 - L4 with severe spinal stenosis. Previous treatment includes physical therapy. A request had been made for aquatic therapy twice a week for six weeks and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x 6 for the low back: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the injured employee is unable to participate in land-based physical therapy or home exercise program. As such, the request is not considered medically necessary.