

Case Number:	CM13-0025363		
Date Assigned:	11/20/2013	Date of Injury:	04/10/2012
Decision Date:	04/23/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female who sustained an industrial injury on 04/10/12. Initial complaints and diagnoses are not available. Treatments to date include medications and 2 lumbar epidural steroid injections. Diagnostic studies include a MRI of the lumbar spine. Current complaints are unspecified pain. In a progress note dated 08/19/13 the treating provider reports the plan of care as awaiting a TENS unit, bupropion ER, and appeal of aquatic therapy. The recommended treatment is aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 AQUATIC THERAPY FOR THE LUMBAR SPINE (2) TIMES PER WEEK FOR (4) WEEKS AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with low back pain radiating to the left lower extremity, thigh, and foot. The physician is requesting 8 AQUATIC THERAPY FOR THE LUMBAR

SPINE TWO TIMES PER WEEK TIMES FOUR WEEKS AS OUTPATIENT. The RFA dated 08/30/2013 shows a request for aqua therapy two times per week times four weeks for the lumbar spine. The utilization review dated 09/10/2013 denied the request stating that there is no documentation that the patient is having any acute functional deficits. The patient's date of injury is from 04/10/2012 and she is currently on modified duty. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The patient is not post-surgical. The medical records do not show any aqua therapy reports. The 07/22/2013 progress report notes, "Aqua therapy in the past helped." However, the number of treatments the patient has received was not documented. Examination shows moderate reduction of range of motion secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4 - S1. Sensory examination showed decreased touch in the left lower extremity. Decreased sensation was noted along the L5 - S1 dermatome. Straight leg raise was positive that 60. In this case, there is no documented instability or weight-bearing issues to warrant the need for aquatic therapy. The request IS NOT medically necessary.