

Case Number:	CM14-0169938		
Date Assigned:	10/20/2014	Date of Injury:	12/10/2012
Decision Date:	01/29/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Practice 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:

Patient had a date of injury on 12/10/2012. Patient injured her low back while pulling a cart. Patient has had back pain in the past. Patient has done physical therapy. Medications included Terocin, Omeprazole, Tramadol, and Tizanidine. Diagnosis includes: herniated nucleus pulposis and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x a week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

Decision rationale: According to guidelines it states aquatic therapy is an option when land therapy is not recommended. There is no indication based on the patient's medical records that any home exercise program has started or helped and furthermore the patient has had physical therapy done with no mention of improvement or not.

LSO Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Brace.

Decision rationale: According to guidelines Lumbar braces are not recommended for prevention and only recommended as an option for treatment of compression fractures as well as nonspecific low back pain. In this case the patient has neither to support the use of a lumbar brace and thus not medically necessary.

Aquatic exercise program 5 x a week x 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

Decision rationale: According to guidelines it states aquatic therapy is an option when land therapy is not recommended. There is no indication based on the patient's medical records that any home exercise program has started or helped and furthermore the patient has had physical therapy done with no mention of improvement or not.