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| Case Number: | CM14-0172624 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 05/07/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old woman who sustained a work-related injury on May 7, 2013. Subsequently, she developed chronic low back pain. MRI of the lumbar spine dated November 19, 2013 showed levoscoliosis at L2-3; L4-5 4 mm disc bulge with bilateral moderate central canal stenosis; L3-4 5 mm central and right lateral disc causing severe right neural foraminal narrowing and mass effect on right L3 nerve root; L5-S1 3 mm central and left disc bulge; at L2-3 2 mm disc bulge; and multi-level disc desiccation. According to the progress report dated October 17, 2014, the patient complained of bilateral low back pain and discomfort. Examination of the lumbar spine revealed tenderness of lumbar paraspinals. There was full range of motion. Motor strength was 5/5 in bilateral lower limbs. Sensation was within normal limits throughout bilateral limbs. The seated leg raise was negative bilaterally. The patient was diagnosed with lumbar radiculopathy. The provider requested authorization for water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy for the lumbar spine one to two times a week for three to four weeks for a total of 6 total treatments: Upheld

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)." There is no clear evidence that the patient is obese or has difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient's ability to perform a particular exercise regimen. There is no documentation for a clear benefit expected from aquatic therapy. Therefore, the request for aquatic therapy is not medically necessary.