

Case Number:	CM14-0187536		
Date Assigned:	11/17/2014	Date of Injury:	06/26/1997
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED], who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and apparent imposition of the permanent work restrictions through a medical-legal evaluation of October 15, 2009. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for six sessions of aquatic therapy. The claims administrator stated that the attending provider had not outlined how much prior aquatic therapy the applicant had or had not had. Non-MTUS Official Disability Guidelines (ODG) was, in part, cited in conjunction with MTUS Guidelines. The claims administrator stated that its decision was based on an October 27, 2014, progress note and October 28, 2014, RFA form. On October 27, 2014, the applicant reported multifocal complaints of mid back pain, low back pain, and ankle pain, 4/10 without medications. It was stated that land-based therapy was hard on the applicant's back. The applicant had a 16-pack-year history of smoking. It was suggested that the applicant was working as a statistician in one section of the note. It was stated that the applicant's pain was heightened toward the end of the work day. The applicant did exhibit well preserved lower extremity strength with an antalgic gait. Six sessions of aquatic therapy were endorsed while the applicant was returned to regular duty work. In an early note dated August 12, 2014, it was stated that the applicant had developed a flare of mid back pain, low back pain and ankle pain. Land-based physical therapy was endorsed on that occasion. The applicant did exhibit an antalgic gait on that day as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of aquatic therapy for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight-bearing is desirable. In this case, the attending provider has posited that reduced weight-bearing is desirable here as the applicant has multiplicity of complaints involving the spine and lower extremities, including the low back, mid back, and ankle. The applicant is somewhat overweight, standing 5 feet 9 inches, and weighing 205 pounds. The applicant was described as exhibiting an antalgic gait on an office visit of October 27, 2014. A short course of aquatic therapy was indicated on or around the date in question as the applicant was apparently presenting with flaring complaint on that date. As noted by the requesting provider, the applicant did intend to use the aquatic therapy in conjunction with a program of functional restoration, as evinced by the applicant's already successful return to regular duty work as a statistician. The six-session course of aquatic therapy, thus, was/is medically necessary.