

Case Number:	CM14-0189613		
Date Assigned:	11/20/2014	Date of Injury:	08/26/2001
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 50 year old female who was injured at work on 08/26/2001. She is reported to be complaining of low back pain that improves with medications. The physical examination revealed right sided antalgic gait, limited range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar region. The worker has been diagnosed of Lumbar spinal stenosis. Treatments have included Vicodin, Vicoprofen, omeprazole, Epidural steroid injections, aquatic therapy. At dispute is the request for 12 Additional aquatic therapy visits 2 times a week for 6 weeks for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional aquatic therapy visits 2 times a week for 6 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 23; 93.

Decision rationale: The injured worker sustained a work related injury on 08/26/2001. The medical records provided indicate the diagnosis of Lumbar spinal stenosis. Treatments have included Vicodin, Vicoprofen, omeprazole, epidural steroid injections, and aquatic therapy. The

medical records provided for review do not indicate a medical necessity for 12 Additional aquatic therapy visits 2 times a week for 6 weeks for low back. The MTUS recommends allowing for a fading of therapy from three visits a week to one visit a week, less), plus active self-directed home Physical Medicine. The records indicate she had two aquatic therapy visits a week for 4 weeks, starting from 06/10/14. She had additional 7 aquatic therapies between 08/2014 and 08/12./2014 and 09/24/14. Therefore, the requested treatment is not medically necessary and appropriate.