

Case Number:	CM14-0193004		
Date Assigned:	11/26/2014	Date of Injury:	02/01/2004
Decision Date:	02/04/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 West Virginia. 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:

This individual is a 52 year old female who sustained an industrially related injury on February 1st 2004 involving her lower back. She has ongoing complaints of cervical (6-7/10) and lower back pain (8-9/10) with radicular symptoms into the bilateral upper and lower extremities, respectively. She is status post 3 back surgeries in 2004, 2006 and 2009. She is also status post ESI in Oct of 2014. The most recent available physical examination in the available record notes; bilateral paraspinal muscular spasms in the lumbar region. Decrease sensitivity to touch in the right L4-5 dermatome and decreased strength in the bilateral L4-S1 dermatome, though the strength level is not defined in the record. There is also decreased lumbar range of motion and a positive straight leg raise test. She is noted to have gained benefit from earlier use of aquatic therapy and from the use of a home exercise program. This request is for aquatic therapy 2x per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy two times a week for four weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese, there is a mention of a concern for weight gain but there is diagnosis of obesity. The medical records indicate subjective findings of improvement only from the initial trial of aquatic therapy, also as it is noted that her home exercise program has been beneficial it must be assumed that she is able to perform weight bearing exercise. As such, the current request 4 weeks of aquatic therapy is deemed not medically necessary at this time.