MAXIMUS Federal Services

Case Number:	CM14-0194093		
Date Assigned:	12/01/2014	Date of Injury:	09/22/1997
Decision Date:	04/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 9/22/97. She reported low back pain. The injured worker was diagnosed as having low back pain. Treatment has included hydrotherapy, epidural steroid injection, oral medications and a TENS unit. Currently, the injured worker complains of low back pain with dyesthetic pain radiating to bilateral lower extremities. Previous treatment included hydrotherapy with no resolution of symptoms. The treatment plan on the most recent progress note included with documentation included non-steroidal anti-inflammatory medications, TLSO brace and pain management consult. She stated the TENS unit was helping to relieve symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy for Lumbar Spine, 12 sessions, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com: Section: Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The injured worker sustained a work related injury on 9/22/97. The medical records provided indicate the diagnosis of low back pain, post laminectomy syndrome. Treatment has included hydrotherapy, epidural steroid injection, oral medications and a TENS unit. The medical records provided for review do not indicate a medical necessity for: 12 Aquatic Therapy for Lumbar Spine, 12 sessions, as an outpatient. Water based therapy is a form of physical Medicine treatment for those that are unable to do land based therapy. The MTUS guidelines follows the same recommendations of allowing for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine, for a total of 8-10 visits for most cases, and 24 visits for regional sympathetic dystrophy.