

Case Number:	CM14-0196961		
Date Assigned:	12/05/2014	Date of Injury:	01/28/2013
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 injured worker is a 47 year old male with a date of injury of January 28, 2013. Results of the injury include suppressed/repressed feelings of sadness, anxiety, and anger due to loss of career in law enforcement. Pertinent diagnosis includes Major Depressive Disorder, Recurrent, Posttraumatic Stress Disorder, Chronic, and mixed personality disorder. As of 09/24/2014 the injured worked was eight months post op following his extensive spinal surgery. As of September 24, 2014 the injured worker showed tenderness to palpation bilaterally about the lumbar paraspinal musculature. Magnetic Resonance Imaging Scan of the lumbar spine showed anatomic alignment following L5-S1 hemilaminectomy and ALIF. No hardware complication, residual broad based disc bulge/protrusion at L5-S1 abuts both proximal S1 nerve root sleeves. There is obliteration of the fat around the proximal right S1 nerve root, most likely postoperative fibrosis, deflection of the far lateral segment of the right L5 nerve from disc bulging and bone spurring. Treatment modalities for the spine included surgery, pain medication, anti-inflammatories, and physical therapy. Work Status was noted as Temporary partial disability. Utilization review form dated November 14, 2014 noncertified Aqua therapy 2xWk x 4 Wks due to lack of compliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2xWk x 4 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for greater than the number of visits necessary to determine treatment efficacy and there is no documentation of objective functional improvement. Therefore, the request is not medically necessary.