

Case Number:	CM14-0205776		
Date Assigned:	12/17/2014	Date of Injury:	04/02/2001
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 49 year old female who sustained an industrial injury on 04/02/01. Prior treatments included medications, pool exercises and TENS with benefit. The progress notes from 10/28/14 was reviewed. Subjective complaints included acute exacerbation of low back pain, occasional radiation to her legs and occasional muscle spasms. Examination findings included tenderness in the lower lumbar paravertebral muscles, limited forward flexion to 40 degrees, mild positive straight leg raising test bilaterally and intact strength. Diagnoses included lumbar spondylolisthesis with acute exacerbation, cervical spondylosis, obesity and sexual dysfunction. The request was for 12 sessions of aquatic therapy. Medications included Tylenol #3, Soma and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine 3 times a week for 4 weeks: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self-directed home physical therapy. The employee had a diagnosis of obesity. Prior progress notes indicate that she was doing pool exercises which were beneficial. Prior land based physical therapy requests had been denied. The employee was having an acute exacerbation of her back pain. The request for aquatic therapy for 4 weeks is appropriate given the previous improvement with pool exercises, recent exacerbation and obesity.