

Case Number:	CM14-0206550		
Date Assigned:	12/18/2014	Date of Injury:	08/27/2010
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 applicant is a represented [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2010. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for eight additional sessions of aquatic therapy. A November 4, 2013 progress note was referenced in the determination. The claims administrator contended that the applicant should be capable of performing independent home exercise and then went on to deny the request. The applicant's attorney subsequently appealed. In said November 4, 2014 progress note, the applicant was given diagnosis of chronic pain syndrome status post earlier lumbar laminectomy, chronic hip pain, anxiety disorder, major depressive disorder, insomnia, and opioid dependence. The applicant reported issues with muscle spasms and superimposed thyroid disease. The applicant's medication list included MS Contin, oxycodone, Soma, Ativan, Wellbutrin, and Ambien. The applicant was evicted from her home and was now living with a niece. The applicant was walking for exercise, it was suggested. Eight sessions of aquatic therapy were sought while MS Contin, oxycodone, Ativan, Ambien, Wellbutrin, and Soma were endorsed. In an earlier note dated October 8, 2014, the applicant was described as having impaired work capability, implying that the applicant was not working. Persistent complaints of low back and left leg pain were appreciated. The applicant had had recent drug testing of July 26, 2014 which was positive for marijuana, it was acknowledged. MS Contin, Ativan, Ambien, Soma, and aquatic therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x 8 - Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: 1. No, the request for aquatic therapy is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, the applicant was described as walking for exercise on a progress note of November 4, 2014, effectively obviating the need for aquatic therapy. It is further noted that aquatic therapy was ordered via an earlier progress note of October 8, 2014. It did not appear that the applicant had materially benefited from the eight prior sessions aquatic therapy completed on October 10, 2014. The applicant seemingly remained off of work. The applicant remained dependent on various analgesic and adjuvant medications, including morphine, oxycodone, Soma, Ativan, Wellbutrin, Ambien, etc., as well as illicit substances such as marijuana. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite completion of eight prior sessions of aquatic therapy. Therefore, the request for eight additional sessions of aquatic therapy is not medically necessary.