

Case Number:	CM15-0002827		
Date Assigned:	01/13/2015	Date of Injury:	01/31/2014
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female sustained work related industrial injuries on January 31, 2014. The injured worker was diagnosed and treated for lumbosacral strain and persistent back and left radicular pain. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, acupuncture, consultations and periodic follow up visits. Per treating provider report dated 9/17/2014, the injured worker reported low back and left leg pain. Physical exam revealed antalgic gait, limited range of motion of the thoracolumbar spine and slightly positive straight leg test on the left. The treating physician prescribed services for aquatic therapy for the lumbar spine, 2 times a week for 4 weeks now under review. On December 24, 2014, the Utilization Review (UR) evaluated the prescription for aquatic therapy for the lumbar spine, 2 times a week for 4 weeks. Upon review of the clinical information, UR non-certified the request for aquatic therapy for the lumbar spine, 2 times a week for 4 weeks, noting the MTUS Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of aquatic therapy for the lumbar spine, 2 times a week for 4 weeks.

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, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

Decision rationale: The patient presents with pain and weakness in her lower back and left leg. The request is for 8 SESSIONS OF AQUATIC THERAPY FOR THE LUMBAR SPINE. Per the utilization review letter on 12/24/14, the patient has had aqua therapy in the past with some improvement. The patient is currently working. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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." In this case, the treater has asked for aqua therapy but does not discuss why this is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. There is no discuss how many sessions of aqua therapy the patient has had in the past or how aqua therapy has helped the patient in terms of pain reduction or functional improvement. The request IS NOT medically necessary.