

Case Number:	CM15-0005032		
Date Assigned:	01/16/2015	Date of Injury:	08/27/2010
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female with a date of injury as 08/27/2010. The current diagnoses include chronic pain syndrome, post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, hip pain, anxiety disorder, spasm of muscle, opioid dependence, depressive disorder, and insomnia due to medical condition. Previous treatments include medications, acupuncture, physical therapy, spine surgery, and psychiatric counseling. Primary treating physician's reports dated 06/06/2014 through 12/05/2014 and a qualified medical examination dated 08/06/2014 were included in the documentation submitted for review. Report dated 12/05/2014 noted that the injured worker presented with complaints that included increased muscle spasms in her low back and left buttock, left leg pain is constant from her hip area down to her ankle, first two toes are numb and paralyzed. It was noted that the injured worker walks a little each day, but no exercise. It was further stated that prior physical therapy was to painful. The physician noted that the injured worker has failed all conservative measures including surgery, now relying on chronic medication management. The request for aqua therapy was to access her benefit from it, if she has improvement, may ask for a pool program. The utilization review performed on 12/05/2014 non-certified a prescription for aquatic therapy x 8 for the low back based on the injured worker has not been compliant in performing land-based exercise program with no records of specific difficulty performing exercises independently, her motivation and planned compliance with an aquatic program should be documented prior to consideration. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy 2x4 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

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

Decision rationale: According to MTUS guidelines, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007).' There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit from prior Aquatic therapy sessions. In fact, The treating provider's progress note dated December 5, 2014, noted increased muscle spasms in her low back and left buttock. Therefore the prescription of additional aquatic therapy is not medically necessary.