

Case Number:	CM15-0005046		
Date Assigned:	01/16/2015	Date of Injury:	06/29/2009
Decision Date:	03/16/2015	UR Denial Date:	01/07/2015
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 54 year old male, who sustained an industrial injury on 6/29/2009. He has reported back pain. The diagnoses have included pain disorder, major depressive disorder, and generalized anxiety disorder. July 31, 2014, the provider documented the IW reported improvement with aqua therapy and inability to weight bear because of right lower extremity complex regional pain syndrome (CRPS). Additional treatment to date has included physical therapy, aqua therapy, two-level spinal fusion 3/23/12, and implantation of a spinal nerve stimulator for L5 radiculopathy. Currently, the IW complains of back pain rated 9-10/10 VAS with 70% relief of pain at L5, and no resolution of pain at L3-4. Pain is improved with medication for short periods of time. On February 28, 2014 there was deep cramping pain reported in the left thigh. Physical examinations continue to document ambulation with a cane, antalgic gait, positive straight leg raise. Physical therapy notes documented 10 visits with 75% greater Range of Motion (ROM) in pool with exercises without increased pain. Diagnoses included failed low back pain, status post L4-5 and L5-S1 fusion, lumbar radiculopathy, and complex regional pain syndrome left leg. On 1/7/2015 Utilization Review non-certified additional aqua therapy two times a week for six weeks for treatment of the lumbar spine, noting the documentation failed to document medical necessity per guidelines. The MTUS Guidelines were cited. On 1/9/2015, the injured worker submitted an application for IMR for review of additional aqua therapy two times a week for six weeks for treatment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aqua Therapy 2 x 6 for the Lumbar Spine: 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: 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. In addition, according to the medical note dated December 4, 2014, although the patient reported aqua therapy helped his symptoms, he still reports a pain level of 6-7/10. In fact, there no documentation about the number of aqua therapy sessions attended and the objective benefits from those sessions . Therefore, the prescription of additional aquatic therapy is not medically necessary.