

Case Number:	CM15-0005473		
Date Assigned:	01/16/2015	Date of Injury:	02/23/2008
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/11/2015

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:

The injured worker is a 51-year-old female who reported an injury on 02/23/2006. The mechanism of injury was not clearly provided. The injured worker's diagnoses included low back pain, chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy and myositis. The injured worker's past treatments include water therapy and medications. No relevant surgeries were included in the documentation. On 01/19/2015, the patient reported a recent denial for followup sessions of water therapy. She was noted with chronic low back pain. The clinical documentation did not provide physical examination findings. The injured worker's medications included cyclobenzaprine 10 mg and ibuprofen 800 mg. The request was for aquatic therapy for the low back 2 times a week for 3 weeks; 6 sessions. The rationale for the request was not clearly provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the low back, 2 times a week for 3 weeks; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

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

Decision rationale: The request for aquatic therapy for the low back 2 times a week for 3 weeks; 6 sessions is not medically necessary. According to the California MTUS Guidelines, aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It is specifically recommended where reduced weightbearing is desirable. The patient was noted with obesity, and use of an alternative to land based physical therapy may be necessitated; however, the documentation indicates the patient has had previous aquatic therapy treatments; however, the number of treatments completed to date has not been specified. Additionally, the documentation did not provide sufficient evidence of significant objective functional improvement or significant objective decrease in pain as a result of the previously completed physical therapy. In the absence of documentation with sufficient evidence of significant objective functional improvement, significant objective decrease in pain, and specified number of completed visits to date, the request is not supported. As such, the request is not medically necessary.