

Case Number:	CM15-0104703		
Date Assigned:	06/09/2015	Date of Injury:	06/08/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, Alabama, 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 61 year old male, who sustained an industrial injury on 6/8/14. The diagnoses have included lumbar spine strain/sprain, lumbar radiculitis, cervical strain/sprain, cervical myospasm, chronic pain, anxiety and depression. Treatment to date has included medications, activity modifications, conservative care, other modalities, diagnostics, psychiatric, acupuncture and home exercise program (HEP). Currently, as per the physician progress note dated 5/4/15, the injured worker complains of constant low back pain that is rated 6/10 that radiates to the right leg and groin area with numbness, pulsing and deep sensation. The pain increases with physical activity and decreases with rest. The physical exam reveals that the thoracolumbar spine has tenderness to palpation and spasms bilaterally, limited range of motion secondary to pain, positive sitting root and straight leg raise tests, hypoesthesia of the right toes and strength is 2+/5. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/30/14 reveals early disc desiccation, disc protrusion, disc bulge, facet hypertrophy, annular tear effacing the thecal sac with spinal canal compromise. There were no previous therapy sessions or acupuncture noted in the records. The physician noted that he will discontinue acupuncture, request a home exercise kit for the lumbar spine, re-fill his Naproxen, prescribe transdermal compounds and the physician requested treatment included Aqua therapy 2 times a week for 6 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic 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 is no clear evidence that the patient have difficulty performing land-based physical therapy. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore, the prescription of Aqua therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.