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| Case Number: | CM15-0132146 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 06/07/2012 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63-year-old female who sustained an industrial injury on 06/07/12. She reported back pain status post fall. Initial diagnoses are not available. Current diagnoses include acquired spondylolisthesis, lumbosacral spondylosis, spinal stenosis-lumbar, lumbar disc displacement, and joint pain-pelvis. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, chiropractic care, acupuncture, and topical/oral pain medication management. Currently, the injured worker complains of worsening neck and low back pain with significant pain while traveling. The neck pain is aching and burning with radiation to the left side of her face, rated as a 3-4 on a scale of 0-10; she has associated headaches. Her low back pain is constant and stabbing rated as a 5/10 with pain in her rectum and bladder. Physical examination is remarkable for tenderness to palpation of the lumbar spine with spasms and decreased range of motion; straight leg raise is positive on the left with pain extending to the calf. Requested treatments include aquatic therapy 2 times a week for 6 weeks for the low back. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 06/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week for six weeks to the low back is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, injured worker's working diagnoses are grade I spondylolisthesis at L4 - L5; multilevel facet arthropathy lumbar spine; lateral recess stenosis L3 to four bilateral; multilevel disc herniation lumbar spine; bilateral hip arthralgia; and multiple medication allergies. Date of injury is June 7, 2012. Request for authorization is dated May 29, 2015. According to a May 22, 2015 progress notes, the injured worker's subjective complaints are neck and low back pain. The injured worker received 12 prior physical therapy sessions. There is no documentation demonstrating objective functional improvement or the anatomical region treated. The injured worker received 24 sessions of chiropractic treatment to date and 16 sessions of acupuncture. There is no height and weight or BMI in the medical record. 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. There is no discussion or clinical rationale for aquatic therapy. There is no documentation, as noted above, a failed land-based physical therapy. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and lack of a height weight and or BMI, aquatic therapy two times per week for six weeks to the low back is not medically necessary.