

Case Number:	CM15-0132646		
Date Assigned:	07/20/2015	Date of Injury:	12/12/2009
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female patient who sustained an injury on a December 12, 2012. The diagnoses include lumbar strain; lumbar disc bulges. Per the progress note dated May 20, 2015 she had complaints of pain brought on by cold, damp environments, prolonged sitting, repetitious bending, stooping, and kneeling; currently at a level of 8/10. The physical examination revealed heel and toe ambulation slightly painful, tightness and pain to palpation in the lower lumbosacral musculature; unrestricted range of motion of the lumbar spine. The current medications list is not specified in the records provided. Treatments to date have included transcutaneous electrical nerve stimulator unit, and 8 hydrotherapy visits. The treating physician documented a plan of care that included additional hydrotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Hydrotherapy sessions 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per 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". Patient had 8 hydrotherapy visits. There is no evidence of significant progressive functional improvement from the previous hydrotherapy visits that is documented in the records provided. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The request for 8 Hydrotherapy sessions 2 times a week for 4 weeks for the lumbar spine is not medically necessary or fully established for this patient.