

Case Number:	CM15-0133307		
Date Assigned:	07/21/2015	Date of Injury:	08/06/2009
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 59 year old female, who sustained an industrial injury, August 6, 2009. The injured worker previously received the following treatments psychological services, Tramadol, Gralise, Gym membership, acupuncture, lumbar spine x-rays, lumbar spine MRI, epidural injection, Gabapentin, home exercise program daily and physical therapy. The injured worker was diagnosed with post traumatic back and neck pain, status post spinal fusion of L4-S1, residual spinal stenosis, L2-L3 retrolisthesis, chronic pain syndrome with depressed mood, sexual dysfunction, insomnia adjustment disorder, multilevel degenerative disc changes of the lumbar spine, depression, anxiety and left knee chondromalacia. According to progress note of June 5, 2015, the injured worker's chief complaint was increasing widespread pain and difficulty with gait and falling. The physical exam noted a well groomed and pleasant injured worker. There was ecchymosis over the knees from a recent fall. The lumbar spine remained diffusely tender with painful range of motion and referred back pain. The straight leg raises were positive left greater than the right. The treatment plan included aqua therapy was recommended for widespread pain and fibromyalgia symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, for Lower Back, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it appears that aquatic therapy may be reasonable due to the patient's gait issues and falling. However, guidelines generally recommend a trial of approximately 6 visits with further visits supported based on documentation of objective functional improvement and ongoing treatment goals. Unfortunately, there is no provision to modify the request to a trial. As such, the currently requested aquatic therapy 12 visits are not medically necessary.