

Case Number:	CM15-0134859		
Date Assigned:	07/23/2015	Date of Injury:	10/19/2011
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 10/19/11. He reported injury to his lower back. The injured worker was diagnosed as having lumbar radiculopathy, chronic pain syndrome and post lumbar laminectomy syndrome. Treatment to date has included a sacroiliac joint injection on 3/18/15 with no benefit, a TENs unit, a lumbar brace, Gabapentin, Trazodone, Soma and Hydrocodone. On 5/22/15 the injured worker rated his lower back pain a 5/10. As of the PR2 dated 6/26/15, the injured worker reports continued lower back pain. He is working with a personal trainer and attempting to lose weight. He is working full-time as a fire fighter. Objective findings include a positive straight leg raise test and restricted lumbar range of motion. The treating physician requested aquatic therapy for the lower back x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for low back Qty: 8: 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: The California MTUS section on aquatic therapy states: Recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) The review of provided clinical documentation does not meet these criteria and therefore the request is not medically necessary.