

Case Number:	CM15-0138855		
Date Assigned:	07/28/2015	Date of Injury:	06/04/2013
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 34-year-old male, who sustained an industrial injury on 6/04/2013. Diagnoses include status post lumbar fusion (10/26/2014), lumbar degenerative disc disease, low back pain, chronic insomnia and hypertension. Treatment to date has included surgical intervention as well as conservative treatment consisting of diagnostics, medications, consultations, physical therapy and aquatic therapy. Current medications include Gabapentin, Motrin and Methadone. Per the Primary Treating Physician's Progress Report dated 6/10/2015, the injured worker reported low back pain rated as 6/10 in severity on a subjective scale. Physical examination of the lumbar spine revealed loss of lumbar lordosis and tenderness of the lumbar paraspinal muscle. Range of motion was within normal limits. The plan of care included, and authorization was requested on 6/10/2015, for aquatic physical therapy (2x3) for the lumbar spine, Gabapentin 600mg #180, ibuprofen 600mg #90 and Nortriptyline 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy, Lumbar spine, 2 times wkly for 3 wks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page 22.

Decision rationale: The requested Aquatic Physical Therapy, Lumbar spine, 2 times wkly for 3 wks, 6 sessions, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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." The injured worker has low back pain rated as 6/10 in severity on a subjective scale. Physical examination of the lumbar spine revealed loss of lumbar lordosis and tenderness of the lumbar paraspinal muscle. Range of motion was within normal limits. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic Physical Therapy, Lumbar spine, 2 times wkly for 3 wks, 6 sessions is not medically necessary.