

Case Number:	CM15-0142443		
Date Assigned:	08/14/2015	Date of Injury:	03/03/2014
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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 is a 29-year-old male, who sustained an industrial injury on 03-03-2014. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; and enthesopathy of hip. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, aquatic therapy, and physical therapy. Medications have included Norco, Naproxen, Cyclobenzaprine, and Omeprazole. A progress report from the treating physician, dated 06-25-2015, documented a follow-up visit with the injured worker. The injured worker reported that he continues to have lower back pain as well as numbness and tingling in his left lower extremity; he is undergoing aqua therapy; the aqua therapy helps at times and he has had some functional improvement. Objective findings have included tenderness to palpation of the lumbar paraspinal muscles; there is spasm present in the lumbar paraspinal muscles; there is reduced sensation in the left L5 dermatomal distribution; straight leg raising test is positive on the left and the right; there is tenderness to pressure over the left hip; and ranges of motion of the left and right hips are with functional limits. The treatment plan has included the request for aquatic therapy 3 x 4 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 x 4 for the Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. This worker has not been identified to have "extreme obesity." Land-based physical therapy has been tolerated previously and there is a lack of documentation of functional benefit from PT to date. Therefore, this request is not medically necessary.