

Case Number:	CM15-0149329		
Date Assigned:	08/14/2015	Date of Injury:	01/31/2010
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

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 52 year old female who sustained an industrial injury on 1-31-2010. She has reported back pain and has been diagnosed with lumbar radiculopathy, sacroiliitis, myofascial pain syndrome, and hip pain. Treatment has included medications, injection, and physical therapy. There was generalized pain to palpation over torso and lower extremities, but particularly to palpation over bilateral sacroiliac joint and bilateral greater trochanters. Hip loading was grossly positive, worse on right than the left. Straight leg raise was positive bilaterally. There was cervical pain going down both arms to her first two fingers. The treatment plan included a MRI, EMG, medications, and follow up. The treatment request included aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in January 2010. Treatments have included two lumbar spine fusion surgeries done in November 2012 and September 2013. She underwent repair of an incisional hernia in January 2014 when her BMI was nearly 42. When seen, she had been able to lose weight. She was participating in aquatic therapy which was helping with her symptoms and overall mental well-being. Physical examination findings included ambulating with a cane. She was having pain over the hernia repair mesh. Medications were prescribed. Additional aquatic therapy is being requested. Aquatic therapy can be recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has a history of obesity and two spinal surgeries. A trial of pool therapy was appropriate. However, transition to an independent pool program would be expected and would not be expected to require the number of requested skilled therapy treatments. The request is not medically necessary.