

Case Number:	CM15-0149674		
Date Assigned:	08/12/2015	Date of Injury:	04/26/2013
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 4-26-2013. He reported developing low back pain and headaches as a result from repetitive activities including lifting, bending, stooping and twisting. Diagnoses include lumbar spine strain-sprain with radiculitis, multiple disc protrusions with stenosis, sleep disturbance and depressions. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments and epidural steroid injection. Currently, he complained of low back pain. Pain was noted to have increased from 7-8 out of 10 VAS to 9 out of 10 VAS since the previous evaluations. On 6-17-15, the physical examination documented increased lumbar tenderness with restricted range of motion. The appeal requested authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker working diagnoses are lumbar spine musculoligamentous sprain strain with radiculitis; multiple disc protrusions; weight gain #40 pounds; sexual dysfunction, sleep disturbance and depression. Date of injury is February 7, 2013. Request for authorization is July 10 2015. According to a July 15, 2015 progress note, subjectively the injured worker complains of low back pain 9/10. Objectively, there is tenderness to palpation with no neurologic deficits. The utilization review indicates the injured worker had extensive land-based physical therapy. There are no land-based physical therapy progress notes. There is a certification with approval for 12 aquatic therapy sessions with a date range May 8, 2015 through May 8, 2016 certification #150508 - 342617. There is no clinical indication or rationale for a duplicate request 12 aquatic therapy sessions. There are no compelling clinical facts in the medical record indicating additional aquatic therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and prior certification for 12 aquatic therapy sessions, aquatic therapy is not medically necessary.