

Case Number:	CM15-0180040		
Date Assigned:	09/21/2015	Date of Injury:	11/09/2012
Decision Date:	11/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 11-9-2012. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include status post lumbar laminectomy and discectomy on 1-9-15. Currently, she complained of ongoing low back pain with radiation to the right lower extremity with numbness and tingling. Pain was rated 6-7 out of 10 VAS. It was noted that four post-operative aquatic therapy visits were completed and "she does have benefits with it." Current medications included Norco, Flexeril, and ibuprofen. On 6-4-15, the physical examination documented lumbar tenderness with decreased range of motion and decreased sensation to the lower right extremity. On 7-2-15, symptoms persisted without change. He was noted to still be attending aquatic therapy. The physical examination documented lumbar tenderness, decreased range of motion and a positive straight leg raise test. The appeal requested authorization of eight aquatic therapy sessions for the lumbar spine, twice a week for four weeks. The Utilization Review dated 8-12-15, denied the request stating "the provided documentation lacks any ongoing functional deficits requiring supervised aquatic therapy" citing the California MTUS Chronic Pain Medical Treatment Guidelines for Aquatic Therapy and Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; eight (8) sessions (2x4), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.