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| Case Number: | CM15-0181864 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 03/23/2010 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on March 23, 2010. A primary treating office visit dated May 26, 2015 reported chief subjective complaint of severe low back pain; bilateral leg pain, and thoracic pain. He states that "pain medications help him to continue his daily activities and increase his function." Objective assessment noted lumbar spine with a positive straight leg raise bilaterally. He cannot walk without a cane. There is noted "decreased range of motion with flexion, extension and extension rotation with pain." The following diagnoses were applied to this visit: herniated nucleus pulposus with severe left sided dural compression; multi-level degenerative disc disease; facet hypertrophy L3-5; low back strain with S1 radiculopathy and history of low strain lifting paraplegic patient in 1981 which required six months of therapy before permanent and stationary with full recovery. The plan of care is with recommendation for: refilling medications Norco, Flexeril, Colace, and Motrin; continue with home exercise program. Primary treating office visit dated January 21, 2015 reported unchanged chief subjective complaint. The plan of care is with recommendation for: refilling current medications; continuing home exercises; prescribing Terocin cream; undergo acupuncture physical therapy. On September 01, 2015 a request was made for services aquatic therapy sessions 12 treating the lumbar spine which was noted being denied due to provided supporting documentation did not show documented evidence that the deficits and support for treatment are present along with no documented response to previous aquatic therapy. This request is also in excess of the recommended guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 pool therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS section on aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient has no contraindications such as extreme obesity to land based therapy. Therefore the request is not medically necessary.