

Case Number:	CM15-0182351		
Date Assigned:	09/23/2015	Date of Injury:	05/27/2011
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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 60 year old female who sustained an industrial injury 05-27-11. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral spondylosis, lumbosacral disc degeneration, lumbar spinal stenosis, myofascial pain, and lumbosacral neuritis. Medical records (09-03-15) reveal the injured worker complains of low back pain rated at 6-7/10 without note of pain medication. The physical exam (09-03-15) reveals "moderate to severe" tenderness to palpation at L4-5 disc space and left sacroiliac joint and ligaments. Flexion is noted to be "painful." Prior treatment includes medications. The original utilization review (09-15-15) non-certified the request for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week (months) QTY: 6: Overturned

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

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 May 2011 and continues to be treated for low back pain. When seen, she had retired from a stressful job. She had been able to discontinue use of marijuana. She was having recent flare-ups of back pain. She was under stress at home. She was not exercising much but wanted to start using a pool. Physical examination findings included a body mass index of 27. There was moderate to severe lumbar and left sacroiliac joint and sacroiliac ligament tenderness. There was pain with lumbar flexion. Sacroiliac joint testing was positive. Authorization for six sessions of aquatic therapy was requested. A trial of aquatic therapy is 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 is noted to be obese, has lumbar spondylosis, left sacroiliac joint pain, and is not exercising regularly. She appears motivated to participate in pool exercises. A trial of pool therapy would be appropriate. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program could be considered. The request is medically necessary.