

Case Number:	CM15-0182734		
Date Assigned:	09/23/2015	Date of Injury:	11/17/2012
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 11-17-12. The injured worker reported lumbar spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease, lumbar disc protrusion, lumbar radiculopathy and lumbar stenosis. Medical records dated 7-2-15 indicate low back pain rated at 7 out of 10. Provider documentation dated 7-2-15 noted the work status as remain off work until 8-16-15. Treatment has included status post lumbar fusion (8-12-14), electrodiagnostic studies (2-27-15), Hydrocodone since at least March of 2015, lumbar spine computed tomography (3-18-15), radiographic studies, transcutaneous electrical nerve stimulation unit, and topical analgesics. Objective findings dated 7-2-15 were notable for tenderness to palpation to the paraspinal muscles. The original utilization review (8-20-15) denied a request for Aquatic Therapy two times a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two times a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, there is no evidence in the available documentation that the injured worker needs to be non-weight bearing. Additionally, the injured worker has participated in an unknown number of previous aquatic therapy sessions without documented benefit, therefore, the request for aquatic therapy two times a week for six weeks for the lumbar spine is determined to not be medically necessary.