MAXIMUS Federal Services

Case Number:	CM15-0183857		
Date Assigned:	09/24/2015	Date of Injury:	01/27/2012
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Washington, 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 57-year-old male who sustained an industrial injury on 01-27-2012. Medical records indicated that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar muscle spasm, lumbar disc protrusions, lumbar neural foraminal stenosis, and lumbar annular tear. The injured worker is currently temporarily totally disabled. Comorbid conditions include borderline obesity (BMI 30.5). The injured worker has not returned to work since November 2012. Treatment and diagnostics to date has included surgery (bilateral L2-S1 laminoforaminotomy and microdiscectomy [08-19-2015]), physical therapy, injections, lumbar spine MRI, electrodiagnostic studies, and use of medications. Lumbar spine MRI report dated 09-04-2014 stated disc desiccation at L2-L3 down to L5-S1, degenerative changes, straightening of the lumbar lordotic curvature, diffuse disc herniation at L2-L3, L3-L4, and L4-L5, and broad based disc herniation at L5-S1. In a progress note dated 07-16-2015, the injured worker reported moderate to severe low back pain radiating to the bilateral lower extremities. Objective findings included tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, and decreased and painful lumbar range of motion. The Utilization Review with a decision date of 08-20-2015 denied the request for aquatic therapy 3 x 6 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 3 times a week for 6 weeks lumbar: 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, Physical Medicine.

Decision rationale: Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. It is effective and specifically recommended for patients with significant weight bearing difficulties, such as morbid obesity or other significant weight bearing problems. It is also very effective and highly recommended in patients with fibromyalgia. The literature reflects strong evidence that physical activity is key in returning individuals to function. This patient has a chronic debilitating condition that is made worse with inactivity, but alternately, made functionally better with activity. The MTUS notes the significant benefits from regular exercise in returning individuals to function and relieving discomfort. However, it notes that even when aquatic therapy improves movement and function, regular and high intensity exercise is required to maintain those improvements. Additionally, the MTUS recommends fading of physical medicine treatments to allow for transition to effective, self-directed home therapy. Although this patient has borderline obesity, there is neither documentation of weight bearing difficulties nor documentation showing a need for aquatic therapy over land-based physical therapy. Considering all the information available there is no medical indication for aquatic therapy at this time. Medical necessity is not necessary.