

Case Number:	CM15-0184140		
Date Assigned:	09/24/2015	Date of Injury:	06/09/2005
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This injured worker is a 52 year old female who reported an industrial injury on 6-9-2005. Her diagnoses, and or impressions, were noted to include: chronic back pain; bilateral sciatica, right > left; status-post lumbar spine surgeries x 6 (last one 9-2013); status-post lumbar stimulator (2010); failed back surgery syndrome; and arachnoiditis (per 6-30-14 magnetic resonance imaging). The history noted urinary incontinence and left kidney disease-failure (2006). No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies (6-30-14); epidural steroid injection therapy (2014); chiropractic and physical therapies; and medication management. The progress notes of 8-17-2015 reported: the transfer of care for low back pain to this physician, after 10 years with her previous physician. The objective findings were noted to include: a review of her records noting diagnostic studies, consultations, treatments, and medications; tenderness over lumbar 3, 4 & 5, with lumbar para-spinal spasms; bilateral sciatica and lumbar para-spinal trigger points; moderate tenderness to the bilateral sacroiliac joints; and reduced lumbar range-of-motion by 50%. The physician's request for treatments noted changes in her medication regimen with the addition of Methadone 10 mg, 6 a day, and the discontinuation of Norco, but did not note a request for 6 sessions of aquatic therapy for the lumbar spine. The letter of appeal for the denial of 6 sessions of aquatic therapy for the lumbar spine, dated 8-19-2015, was requested because of her long history of lumbar pain and many attempts at various pain relieving treatments for pain relief, including the recent addition of Methadone, in an attempt to reduce her dependence on opiates and medications. The Request for Authorization, dated 8-24-2015, was noted for aquatic therapy x 6 sessions. The Utilization

Review of 8-28-2015 non-certified the request for 6 sessions of aquatic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of aquatic therapy 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, Physical Medicine.

Decision rationale: Per the cited CA MTUS guidelines, aqua therapy (including swimming) is an optional form of exercise therapy that is recommended when the injured worker needs reduced weight bearing, such as in extreme obesity. Physical medicine guidelines for general muscle pain recommend 9-10 visits over 8 weeks, or in the case of neuralgia, 8-10 visits over 4 weeks. Per the injured worker's available records, there is no indication for the specific need of aqua therapy. Additionally, she has undergone previous physical medicine, aquatic therapy, and chiropractic care, so she should have been able to adequately transition to a home exercise program. Therefore, six sessions of aquatic therapy for the lumbar spine is not medically necessary.