

Case Number:	CM15-0185909		
Date Assigned:	09/28/2015	Date of Injury:	02/06/2003
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury 02-06-03. A review of the medical records reveals the injured worker is undergoing treatment for lumbar degenerative disc disease. Medical records (08-31-15) reveal the injured worker reports 65% relief of pain after a selective nerve root block at L3-4 on 08-20-15. The physical exam (08-31-15) reveals "noted changes with quad 5/5 in dermatomal findings L3-L4 anatomic and no deficit." Prior treatment includes lumbar spine surgery in 06/14, therapy, and injections. The MRI of the lumbar spine (03-19-15) reveals mild degenerative joint disease, mild disc bulge and facet joint arthropathy and mid spinal and neuroforaminal narrowing at L3-4 and L5-S1, as well as a small left paracentral disc protrusion at L3-4 and a perineural sheath cyst at the level of S2. The original utilization review (09-09-15) non certified the request for 18 sessions of aqua therapy to the low back.

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 for the lower back: Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.