

Case Number:	CM15-0187059		
Date Assigned:	09/29/2015	Date of Injury:	02/17/2012
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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: Connecticut, California, Virginia
 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 63 year old female, who sustained an industrial injury on 2-17-12. The injured worker was diagnosed as having cervical radiculopathy, cervical stenosis, carpal tunnel syndrome and lumbar sprain. The physical exam on 5-4-15 revealed 5 out of 10 pain with medications and 9 out of 10 pain without medications and "decreased" range of motion in the lumbar spine. Treatment to date has included a lumbar MRI on 4-10-15 showing a 5mm circumferential disc protrusion at L3-L4 and L4-L5, chiropractic treatments (number of sessions not documented), Neurontin and Prilosec. As of the PR2 dated 8-31-15, the injured worker reports pain in her low back, neck and shoulders. Objective findings include a positive straight leg raise test on the left and decreased sensation at L5-S1. The treating physician requested aquatic therapy 2 x weekly for 6 weeks. On 8-31-15 the treating physician requested a Utilization Review for aquatic therapy 2 x weekly for 6 weeks. The Utilization Review dated 9-14-15, non-certified the request for aquatic therapy 2 x weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks, 12 sessions: 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): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, aquatic therapy.

Decision rationale: Utilization review denied the request for aquatic therapy (12 visits) based on lack of specific rationale/inability to benefit from land-based therapy and notes that are handwritten and difficult to decipher. The Official Disability Guidelines discuss aquatic therapy in chronic back pain and given this patient's complicated history and the chronicity of her pain, aquatic therapy may be valuable in this case, but the provided record does not provide sufficient evidence. Recent evidence supports water based exercises producing improvements in disability and quality of life in patients with chronic low back pain. Per the MTUS guidelines, time to produce effect is estimated to be 4-6 treatments with manual therapy and manipulation, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, without recent evidence of a plan for reassessment/re-evaluation for functional improvement/efficacy, etc., the request for aquatic therapy x 12 visits is not medically necessary.