

Case Number:	CM15-0190571		
Date Assigned:	10/08/2015	Date of Injury:	09/17/2014
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 9-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and cervical disc displacement without myelopathy. On 9-10-2015, the injured worker reported moderate to severe back pain, rating his pain as 9 out of 10. The Primary Treating Physician's report dated 9-10-2015, noted the injured worker's current medications as Tramadol-Acetaminophen, Naproxen Sodium, Amitriptyline, and Lidoderm patches. The physical examination was noted to show the injured worker fatigued and in moderate pain with a global antalgic gait. The lumbar spine was noted to have tenderness to palpation, tight muscle band, and trigger points of the bilateral paravertebral muscles. Prior treatments have included physical therapy, TENS, acupuncture, cervical pillow, hot-cold therapy packs, chiropractic treatments, aqua therapy, and traction. The treatment plan was noted to include a TENS unit, aquatic therapy, and pain management counseling. The request for authorization dated 9-14-2015, requested aquatic therapy 2 times a week for 4 weeks. The Utilization Review (UR) dated 9-21-2015, non-certified the request for aquatic therapy 2 times a week for 4 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 4 weeks: 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.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The medical records in this case document no intolerance of land-based physical therapy. Aquatic therapy is not medically necessary and the original UR decision is upheld.