MAXIMUS Federal Services

Case Number:	CM15-0197977		
Date Assigned:	10/13/2015	Date of Injury:	08/04/2011
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, Illinois
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 60 year old male, who sustained an industrial injury on 8-4-11. Medical records indicate that the injured worker is undergoing treatment for lumbar spine radiculopathy, lumbar herniated nucleus pulposus, right shoulder internal derangement, thoracic lumbosacral neuritis-radiculitis unspecified, medication-induced gastritis, anxiety and depression. The injured workers current work status was not identified. On (9-10-15) the injured worker complained of low back pain which was much improved following a lumbar epidural injection on 7-2-15. The injured worker was still receiving fifty percent benefit from the injection. The pain was rated 5 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation with increased muscle rigidity. Numerous trigger points were palpable throughout the lumbar paraspinal muscles. Range of motion was decreased with guarding. Sensation was decreased along the lumbar five-sacral one distribution bilaterally. Treatment and evaluation to date has included medications, MRI of the lumbar spine (2013), trigger point injections, lumbar epidural steroid injection (7-2-15) and physical therapy-aqua therapy (unspecified amount). The physical therapy-aqua therapy was noted to not provide any significant benefit. Current medications include Norco, Ambien, FexMid, Prilosec, Anaprox and Ultracet. The treating physician's plan of care included a request for aquatic therapy due to the injured workers increase of participation with noted improvement in mobility and activity tolerance and overall strength and endurance related to the recent epidural steroid injection. The current treatment request is for aquatic therapy 12 sessions. The Utilization Review documentation dated 9-28-15 non-certified the request for aquatic therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: The injured worker sustained a work related injury on 8-4-11. The medical records provided indicate the diagnosis of lumbar spine radiculopathy, lumbar herniated nucleus pulposus, right shoulder internal derangement, thoracic lumbosacral neuritis-radiculitis unspecified, medication-induced gastritis, anxiety and depression. Treatments have included medications, trigger point injections, lumbar epidural steroid injection, and physical therapy-aqua therapy. Current medications include Norco, Ambien, FexMid, Prilosec, Anaprox and Ultracet. The medical records provided for review do not indicate a medical necessity for Aqua Therapy 12 sessions. The injured worker is reported to have received an unspecified number of aqua therapies. The MTUS recommends the use of the physical medicine guidelines for aqua therapy. These guidelines recommend a fading treatment of 8-10 visits over 4-8 weeks.