

Case Number:	CM15-0199219		
Date Assigned:	10/14/2015	Date of Injury:	03/21/2014
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 is a 22 year old female who sustained an industrial injury on 3-21-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar herniated nucleus pulposus (HNP), lumbar radiculitis and thoracic radiculitis. According to the orthopedic evaluation dated 8-18-2015, the injured worker complained of low back pain with radiating pain down into the right buttock and right lower extremity to the bottom of her foot and toes with numbness and tingling. She rated her pain 10 out of 10. The injured worker reported limitations with activities of daily living. Per the treating physician (8-18-2015), the injured worker was working 14-17 hours a week. The physical exam (8-18-2015) revealed diffuse lumbar paravertebral musculature tenderness with spasm and right upper buttock tenderness. Treatment has included physical therapy, chiropractic treatment and a lumbar support. The original Utilization Review (UR) (9-11-2015) modified a request for aquatic therapy for the lumbar spine from 8 sessions to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 6 sessions (2 times a week for 3 weeks) lumbar spine: 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): Aquatic therapy, Physical Medicine.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the exam notes report prior history of an unspecified number of physical therapy visits but does not demonstrate response of functional improvement to either land or water therapy. Therefore, further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. In addition, there is no indication from the medical records that the worker is obese. Therefore, the request is not medically necessary.