

Case Number:	CM15-0206002		
Date Assigned:	10/22/2015	Date of Injury:	07/01/2015
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Emergency 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 38 year old male who sustained an industrial injury on 07-01-2015. Medical records indicated the worker was treated for a crush injury to the back. In the provider notes of 10-02-2015, the worker is seen in follow-up for back pain that he describes as an aching burn located in the right lower back rated an 8 on a scale of 1-10. It is intensified by getting up and bending over. There is no radiation of the pain. In the provider notes of 10-02-2015, report of a MRI of the lumbar spine (08-21-2015) shows no osseous injury or listhesis, no disc abnormality of spinal canal listhesis, and incidental foraminal stenosis on the right at L5-S1. On examination, he has back pain, ear pain, numbness and tingling sensation, and depression. There is minimal detail in the exam. His current plan is for a therapeutic injection, and refills of Naproxen, starting cyclobenzaprine, and a request for aquatic therapy and psychiatry exam. His work status is light duty. A request for authorization was submitted for Aquatic therapy x9 visits. A utilization review decision 10-09-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x9 visits: 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.

Decision rationale: The requested Aquatic therapy x9 visits is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "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." The injured worker has back pain that he describes as an aching burn located in the right lower back rated an 8 on a scale of 1-10. It is intensified by getting up and bending over. There is no radiation of the pain. In the provider notes of 10-02-2015, report of a MRI of the lumbar spine (08-21-2015) shows no osseous injury or listhesis, no disc abnormality of spinal canal listhesis, and incidental foraminal stenosis on the right at L5-S1. On examination, he has back pain, ear pain, numbness and tingling sensation, and depression. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic therapy x9 visits is not medically necessary.