

Case Number:	CM15-0206279		
Date Assigned:	10/23/2015	Date of Injury:	07/06/2012
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/21/2015

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, North Carolina
 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 61 year old, male who sustained a work related injury on 7-6-12. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-11-15 and 9-10-15, the injured worker reports "doing reasonably well." He denies significant radiculopathy. On physical exam dated 9-10-15, the exam is unchanged from last visit. At last visit, motor strength is grossly within normal limits. Treatments have included lumbar epidural steroid injections-10% to 50% improvement of leg symptoms that lasted about 6 months, 36 visits of physical therapy-significant benefit, 5 sessions of acupuncture-"aggravation of symptoms", lumbar spine surgery, use of a front-wheeled walker, use of a lumbar brace and medications. Current medications include Norco, Diclofenac, Percocet, Robaxin, and Gabapentin plus other medical conditions medications noted. This medication list was found in recent other provider's notes. He is temporarily totally disabled. The treatment plan includes a recommendation for pool therapy for low back. The Request for Authorization dated 9-14-15 has a request for pool therapy. In the Utilization Review dated 10-5-15, the requested treatment of pool therapy x 12 visits for low back is modified to land-based physical therapy x 12 visits for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy times 12 visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

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

Decision rationale: The request is for pool therapy, 12 sessions, for a patient with chronic low back pain. Aquatic therapy is recommended as an alternative to land-based therapy when reduced weight bearing is desirable, such as with patients with morbid obesity. There is no documentation to support morbid obesity or any other reason why decreased weight bearing is desirable. There is no indication that the patient was unable to tolerate previous land-base therapy. Therefore, the medical necessity appears to be established for land-based therapy, but not aquatic therapy. The request is not medically necessary.