

Case Number:	CM15-0208110		
Date Assigned:	10/27/2015	Date of Injury:	06/09/2005
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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 52-year-old female, with a reported date of injury of 06-09-2005. The diagnoses include low back pain, status post lumbar spine stimulator, status post lumbar spine surgery times six, and bilateral sciatica. The medical report dated 08-17-2015 indicates that the injured worker presented with low back pain. The injured worker's pain ratings were not indicated in the medical reports dated 05-27-2015 and 08-17-2015. The physical examination showed tenderness at L3, L4, and L5; lumbar paraspinal spasm; trigger points to the bilateral sciatic and bilateral lumbar paraspinals; tenderness of the bilateral sacroiliac joints; lumbar spine range of motion reduced by 50%; normal sensory exam; normal motor exam; a normal gait; and normal deep tendon reflexes. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Cymbalta, OxyContin, Tizanidine, lumbar fusion in 07-2005, physical therapy, lumbar injections, and lumbar spine stimulator. The request for authorization was dated 09-21-2015. The treating physician requested six (6) aquatic therapy sessions for the lumbar spine. On 10-02-2015, Utilization Review (UR) non-certified the request for six (6) aquatic therapy sessions for the lumbar spine. A letter of appeal from provider dated 8/19/15 and 9/18/2015 continues to provide no clinical information concerning medical necessity of aqua therapy. Letter basically just states that requested service "could improve" situation and that aqua therapy was "recommended" by providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 aquatic therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical therapy.

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

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where patient is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as why the patient cannot tolerate land based therapy, patient has reported "normal" motor and gait from records. There is no noted failure of standard physical therapy or a home based exercise therapy. Patient has reported PT in the past but providers has failed to document total of how many were completed and any objective benefit from prior therapy. As noted above, provider has submitted 2 letters of appeals with no relevant clinical information. Opinions and vague statements do not meet any MTUS guideline criteria to recommend this therapy. Aquatic therapy is not medically necessary.