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| Case Number: | CM15-0208882 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 05/19/2006 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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, New York, California
 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 applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2006. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy for the lumbar spine. A September 3, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated September 21, 2015, 12 sessions of aquatic therapy and a topical compounded agent were sought. On an associated progress note dated September 3, 2015, the applicant reported ongoing complaints of low back pain, 6-7/10. The applicant exhibited near normal lumbar range of motion, albeit, at times, with pain. The applicant was described as ambulating and moving around the room without difficulty, as stated in one section of the note. A topical compounded cream and 12 sessions of aquatic therapy were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for 12 sessions (2x6) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical therapy guidelines, Online Version.

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

Decision rationale: No, the request 12 sessions of aquatic therapy for the lumbar spine were not medically necessary, medically appropriate, or indicated here. While page 22 of MTUS Chronic Pain Medical Treatment Guidelines does recommended aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, portions of the September 3, 2015 office visit at issue stated that the applicant ambulated/moved around the exam around without difficulty. It did not appear, thus, that reduced weight bearing was necessarily desirable here. Therefore, the request was not medically necessary.