

Case Number:	CM15-0022173		
Date Assigned:	02/11/2015	Date of Injury:	07/01/2014
Decision Date:	04/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 37-year-old male, who sustained an industrial injury on 7/1/2014. He has reported an injury while lifting and loading. The diagnoses have included lumbosacral strain with right leg radiation, and per MRI, there was lumbar disc protrusion and displacement. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and physical therapy. Currently, the IW complains of pain and weakness rated 10/10 with radiation to the waist and legs, right greater than left. On 12/15/14, the physical examination documented decreased lumbar Range of Motion (ROM). The plan of care included continuation of previously prescribed medication and continuation of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the low back, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 01/14/2015), Physical Therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, aquatic therapy.

Decision rationale: The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report, "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aqua therapy treatment.