MAXIMUS Federal Services

Case Number:	CM15-0027395		
Date Assigned:	02/25/2015	Date of Injury:	06/12/2003
Decision Date:	04/09/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 06/12/2003. The mechanism of injury was not specifically stated. The current diagnosis is lumbosacral spondylosis without myelopathy. The only physician progress report submitted for this review is documented on 08/27/2014. The injured worker presented for a pain management follow-up visit with complaints of 6/10 pain in the lower back. The current medication regimen includes Elavil 100 mg, lactulose, Lodine 400 mg, Senokot, and Avinza 90 mg. Upon examination, there was tenderness noted in the right and left lumbar paravertebral regions, bilateral sacroiliac joint tenderness, pain with range of motion, and restricted range of motion. Straight leg raising test was negative bilaterally. Sensation was equal in the bilateral lower extremities. Motor strength was 5/5 bilaterally. Recommendations at that time included continuation of Avinza 90 mg. There was Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent Aqua therapy 3 to 5 times per week (duration unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. In this case, there was no mention of a contraindication to land based physical therapy. There was no indication that this injured worker required reduced weight bearing as opposed to land-based physical therapy. Additionally, there was no evidence of a significant functional limitation upon examination. Therefore, the medical necessity has not been established. As such, the request is not medically appropriate at this time.