

Case Number:	CM15-0029116		
Date Assigned:	02/23/2015	Date of Injury:	02/17/2014
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York, West Virginia, Pennsylvania
 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 an industrial injury dated February 17, 2014. The injured worker diagnoses include lumbar sprain and strain and bilateral lumbar facet syndrome. She has been treated with diagnostic studies, prescribed medications, bilateral L4-5 and L5-S1 low volume medial branch nerve block on 1/19/15 and periodic follow up visits. According to the nerve conduction studies performed on January 6, 2015, the treating physician noted abnormal electrodiagnostic studies of the lower extremity consistent with a left chronic L4 radiculopathy. In a primary physician progress note dated 7/15/2014, lumbar exam revealed diffuse severe muscle guarding and tenderness and diffuse severe lumbar facet joint tenderness. There were no current primary treating physician reports submitted for review. The treating physician prescribed services for pool therapy for lumbar spine 2 times a week for 4 weeks. Utilization Review determination on February 2, 2015 denied the request for pool therapy for lumbar spine 2 times a week for 4 weeks, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy for Lumbar Spine 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines support use of pool therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy is recommended where reduced weight bearing is desirable. In this case, the records do not justify why aqua therapy is indicated over a course of landed based therapy. Thus the request for pool therapy is not medically necessary and appropriate.