

Case Number:	CM15-0029446		
Date Assigned:	02/23/2015	Date of Injury:	04/11/2014
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old male, who sustained an industrial injury on April 11, 2014. He has reported intermittent moderate sharp, stabbing low back pain radiating to the left buttock, aggravated by lifting, prolonged sitting and prolonged standing, sleep disturbances and depression secondary to pain. The diagnoses have included lumbar radiculitis, lumbar sprain/strain, insomnia, sleep disturbances and depression. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, medications and work restrictions. Currently, the IW complains of intermittent moderate sharp, stabbing low back pain radiating to the left buttock, aggravated by lifting, prolonged sitting and prolonged standing, sleep disturbances and depression secondary to pain. The injured worker reported an industrial injury in 2014, resulting in the above described pain. He has been treated conservatively without resolution of the pain. On November 12, 2014, evaluation revealed continued pain. Medications were renewed and pool therapy, acupuncture, pain management consultation, psych consultation and a podiatrist consultation for a custom fit orthotic device for the lumbar spine was requested. On January 15, 2015, evaluation revealed continued pain. The previous therapies were requested as was aquatic therapy. On January 27, 2015, Utilization Review non-certified a request for Aquatic Therapy 1x wk x 12 wks the thoracic and lumbar, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested Aquatic Therapy 1x wk x 12 wks the thoracic and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 1x wk x 12 wks the thoracic and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Aquatic Therapy Page(s): 22, 98-99.

Decision rationale: Regarding the request for 12 sessions of aquatic therapy for the lower back, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, a progress note on 1/20/2014 documented the patient has height of 67 inches, weight of 200 lbs, and BMI of 31.3, which would not require a reduced weight-bearing environment. Furthermore, there is no documentation indicating the patient has failed or unable to tolerate land based physical therapy. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.