MAXIMUS Federal Services

Case Number:	CM15-0211181		
Date Assigned:	10/30/2015	Date of Injury:	01/09/2013
Decision Date:	12/11/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51-year-old female, who sustained an industrial injury on 1-9-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with radicular complaints. According to the progress report dated 10-6-2015, the injured worker presented reporting improvement in low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature, spasms, restricted and painful range of motion, decreased sensation in the right L4-5 dermatome, and positive straight leg raise test on the right. The current medications are Nabumetone and Omeprazole. Previous diagnostic studies include MRI of the lumbar spine. The treating physician describes the MRI as "evidence of 4 millimeter disc at L4-5 and 3 millimeter disc at L5-S1." Treatments to date include medication management, aquatic therapy (beneficial in reducing low back pain), and lumbar epidural steroid injection. Work status is described as full duty. The original utilization review (10-21-2015) had non-certified a request for 8 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy #8 (electrical stimulation with direct provider contact (aquatic therapy)): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy times eight sessions (electrical stimulation with direct provider contact (aquatic therapy)) are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured workers working diagnosis is lumbar spine sprain strain with radicular complaints. The date of injury is January 9, 2013. Request for authorization is October 19, 2015. According to an October 6, 2015 progress notes, subjective complaints include some improvement and low back pain. Previous acquired therapy helped her low back pain. Objectively, there is tenderness to palpation at the lumbar paraspinal musculature. There is positive straight leg raising on the right with decreased sensation at the right L4/L5 dermatome. Spasms are noted. The documentation does not specify the total number of past aquatic therapy sessions. There is no documentation demonstrating objective functional improvement. Utilization review indicates according to review number #434695 on August 28, 2014 the injured worker received six aquatic therapy sessions. There is no documentation demonstrating objective functional movement. There is no clinical rationale for aquatic therapy over land-based physical therapy. There is no documentation of failed land-based physical therapy. There is no documentation reduced weight-bearing is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no clinical rationale for aquatic therapy over land-based physical therapy and no documentation of failed land-based physical therapy, aquatic therapy times eight sessions (electrical stimulation with direct provider contact (aquatic therapy)) is not medically necessary.