

Case Number:	CM15-0212528		
Date Assigned:	11/02/2015	Date of Injury:	08/12/1997
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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 worker is being treated for lumbar disc disorder, post laminectomy syndrome, and low back pain. The worker has been previously deemed as permanent and stationary. Subjective: April 09, 2015, June 04, 2015 she reported complaint of lower backache rated a "3" intensity with medications and "7" without. Her quality of sleep is rated "fair." August 06, 2015 she reported complaint of lower backache and fair quality of sleep. Her activities have remained the same. She states being able to perform ADL's with medication regimen. She further states a "30% reduction in pain after each aqua therapy session, with noted improved ability to walk longer and sleep better." Objective: April 09, 2015, August 06, 2015 noted the lumbar spine ROM restricted with pain. On palpation of paravertebral muscles with tenderness and trigger point, right side, cannot walk heel to toe, lumbar facet loading test noted positive bilaterally, SLT positive on right while sitting at 85 degrees. A sensory exam found light touch sensation decreased over lateral thighs bilaterally. Diagnostic: radiographic study lumbar spine June 2010, CT lumbar spine July 2010, EMG NCV July 2013. Medication: August 19, 2015: Aciphex, Topamax, Morphine Sulfate IR, Colace, Trazadone, and MS Contin. Treatment: home exercise program, medications, August 06, 2015 noted with authorization for pain psychologist and pending authorization for aqua therapy and note of previous denial, she defers acupuncture care, April 09, 2015 noted with request for previously approved trigger point injections to lumbar paravertebrals. On October 12, 2015 a request was made for aquatic therapy for 12 months that was noncertified by Utilization Review on October 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 12 months: 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 12 months is 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are post laminectomy syndrome; intervertebral disc disorders with radiculopathy lumbar; and other dorsalgia. Date of injury is August 12, 1997. Request for authorization is October 12, 2015. According to an October 8, 2015 progress note, the injured worker has low back pain with pain score 4/10. There is tenderness of the lumbar spine with trigger points. There is positive straight leg raising on the right. The injured worker feels she is entitled according to her settlement for 12 months of aquatic therapy. There is no clinical rationale in the medical record for aquatic therapy. There is no documentation of failed land-based physical therapy. There is no clinical indication for 12 months of aquatic therapy. Swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. There is no documentation of prior aquatic therapy. There is no documentation demonstrating objective functional improvement with prior aquatic therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior aquatic therapy and objective functional improvement with prior aquatic therapy, and swimming pools are not generally considered medical treatment and not covered under the guidelines, Aquatic therapy, 12 months is not medically necessary.