

Case Number:	CM15-0222595		
Date Assigned:	11/19/2015	Date of Injury:	08/09/2012
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 66-year-old male, who sustained an industrial injury on August 9, 2012, incurring neck and low back injuries. He was diagnosed with lumbar spondylosis and cervical spondylosis. Treatment included pain medications, anti-inflammatory drugs, home exercise program, physical therapy and home exercise program, acupuncture, chiropractic sessions, transcutaneous electrical stimulation unit, bracing, lumbar facet injections and cervical epidural steroid injection. Currently, the injured worker complained of chronic neck and low back pain and frequent headaches. He noted limited range of motion of the low back on extension. He rated his pain 7 out of 10 on a pain scale from 0 to 10. The injured worker complained of frequent muscle spasms in the lumbar spine. He complained of persistent pain interfering with his activities of daily living including household chores. The treatment plan that was requested for authorization included 8 sessions of aqua therapy to the neck and low back. On October 29, 2015, a request for 8 sessions of aquatic therapy was modified to 4 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy neck and low back, quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS guidelines state regarding aquatic therapy: "Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" Regarding this patient's case, there is documentation of failed land based therapy. Utilization review has reasonably approved 4 visits, and further aquatic therapy can be considered based off of functional benefits derived from these first 4 visits. Likewise, this request for 8 sessions is not medically necessary.