

Case Number:	CM15-0036017		
Date Assigned:	03/04/2015	Date of Injury:	03/06/2014
Decision Date:	08/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
 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 was a 32 year old female, who sustained an industrial injury, March 6, 2014. The injured worker previously received the following treatments home exercise program, lumbar spine MRI, physical therapy, massage, anti-inflammatory medications and chiropractic services. The injured worker was diagnosed with herniated lumbar spine disc at L3-L4, bilateral sciatica, bilateral lumbar spine radiculopathy with neuropathy, lumbosacral spondylosis, lumbosacral myofascial strain, cervicgia and degeneration of the cervical intervertebral disc. According to progress note of March 12, 2015, the injured worker's chief complaint was low back pain. The injured worker reported the pain waxed and weaned. The pain was rated at 4 out of 10 to 10 out of 10 depending on activity levels and exertion and rotation. The pain can radiate into the hips and down the legs. There was dysesthesia and numbness, tingling and dull achy sensations. The physical exam noted obvious myofascial p-lain trigger points over the lumbosacral areas. The pain was exacerbated by flexion, extension, and rotation of the lumbar spine. There was trigger points in the bilateral trapezius muscles around both scapula and into the thoracic spine. The pain radiated in to both shoulders and down in to the bilateral arm. The treatment plan included 6 sessions of hydrotherapy (aqua therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrotherapy, lumbar quantity: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Aquatic therapy is 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant was requested to do stretched, exercises and acupuncture. The request for hydrotherapy is not medically necessary.