

Case Number:	CM15-0038558		
Date Assigned:	03/09/2015	Date of Injury:	03/05/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 38 year old male, who sustained an industrial injury on 3/5/2013. He reports a low back injury after lifting heavy objects. Diagnoses include lumbar disc bulge, lumbar radiculopathy, and myofascial pain. Treatments to date include physical therapy, aqua therapy, trigger point injections, and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported pain in the lower back and right knee. Treatment plan included 12 visits of aqua therapy for the lumbar spine. On 2/10/2015, Utilization Review non-certified aqua therapy 2 times a week for 6 weeks lumbar spine citing the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 Times A Week for 6 Weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the cited MTUS guidelines, aqua therapy (including swimming) is an optional form of exercise therapy that is recommended when the injured worker needs reduced weight bearing, such as in extreme obesity. Physical medicine guidelines for general muscle pain recommend 9-10 visits over 8 weeks, or in the case of neuralgia, 8-10 visits over 4 weeks. Per the injured worker's available records, there is no indication for the specific need of aqua therapy, and the number of requested sessions exceeds guidelines. Therefore, aqua therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.