

Case Number:	CM15-0040857		
Date Assigned:	03/11/2015	Date of Injury:	06/18/2013
Decision Date:	04/21/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female, who sustained an industrial injury on 6/18/13. The injured worker has complaints of low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain is characterized as being dull and radiates into the lower extremities. The injured worker has constant pain in the bilateral wrist/hand and thumb. The diagnoses have included lumbago and cervicgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 8 sessions, 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic therapy; Physical therapy; Physical Medicine Guidelines Page(s): 22, 98-99.

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

Decision rationale: The patient presents with constant lower back pain rated 4/10, which radiates into the lower extremities. The patient's date of injury is 06/18/13. Patient is status post L4 to S1 posterior lumbar interbody fusion and laminectomy on 04/03/14. The request is for AQUATIC THERAPY 8 SESSIONS 2 TIMES A WEK FOR 4 WEEKS FOR THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 01/16/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted. Remaining lumbar examination findings are unremarkable. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines, page 22, under Aquatic therapy states: 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. MTUS Guidelines, pages 98-99, under Physical Medicine: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks. In regard to the request for 8 aquatic therapy sessions for the management of this patient's chronic lower back pain, treater has not provided a reason for the request. There is no evidence in the documents provided that this patient has had any physical therapy directed at this complaint to date. Progress reports do not indicate a reason this patient requires reduced weight bearing therapy or a failure of traditional land based physical therapy. Ordinarily, aquatic therapy is indicated for individuals for whom traditional physical therapy is excessively difficult due to being overweight or obese. This patient has a BMI of 29, which is overweight, but not obese. Therefore, this request IS NOT medically necessary.