

Case Number:	CM15-0048512		
Date Assigned:	03/20/2015	Date of Injury:	09/24/1984
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Utah, Arkansas

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 55-year-old male, who sustained an industrial injury on 09/24/1984. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/06/2015 the injured worker has reported low back pain. The diagnoses have included degenerate lumb/lumbosac intervert disc, degenerate thoracic/thoracolumbar disc and myofascial pain syndrome. On examination, he was noted to have antalgic gait with pain and a limp with guarding of lumbar spine. Lumbar spine was noted to have diffuse tenderness upon palpation. Surrounding tissue tension/texture was noted as spasms. Pain was noted as severe that increases with sustained postures and movement. Treatment to date has included medication and injections. The provider requested 6 aquatic therapy sessions, and on provider visit dated 02/06/2015 the aqua therapy sessions were requested due to flare up of myofascial region right lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. It is not stated in the clinical documents why regular (Land) therapy would not be indicated for the back pain at this time. There is no indication why this would need to be aquatic therapy. According to the clinical documentation provided and current MTUS guidelines, Aquatic therapy is not medically necessary to the patient at this time.