

Case Number:	CM15-0049295		
Date Assigned:	03/23/2015	Date of Injury:	10/13/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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 61 year old male with an industrial injury dated October 13, 2012. The injured worker diagnoses include sprain of lumbar, other tear of cartilage or meniscus of knee, current and thoracic or lumbosacral neuritis or radiculitis, unspecified. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/16/2015, the injured worker reported lower back pain and radiating pain to bilateral legs. Lumbar spine exam revealed tenderness of bilateral paraspinal muscles and the lower lumbar spine. The treating physician also noted pain with flexion and significantly limited range of motion. The treating physician prescribed services for aquatic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2-3 times a week for 4 weeks for the lumbar spine: Overturned

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

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. The patient had a previous back surgery and has very limited walking tolerance. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is medical necessary to the patient at this time.