

Case Number:	CM15-0051449		
Date Assigned:	03/24/2015	Date of Injury:	06/20/2006
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 37-year-old female, with a reported date of injury of 06/20/2006. The diagnoses include lumbar radiculitis, myofascial pain, chronic low back pain, and lumbar degenerative disc disease. Treatments to date have included oral medications, and an MRI of the lumbar spine. The progress report dated 02/10/2015 indicates that the injured worker had persistent low back pain. She rated the pain 8 out of 10. The objective findings include spasms in the lumbar paraspinal muscles, limited mobility, decreased lumbar range of motion, and an abnormal sensation to light touch in the right L5 and S1 dermatomes. The treating physician requested aqua therapy two times a week for six weeks for the lumbar spine for back conditioning with daily stretching and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

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

Decision rationale: According to the MTUS, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is no rationale submitted to indicate why AT would be preferable to PT. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.