

Case Number:	CM15-0052678		
Date Assigned:	03/26/2015	Date of Injury:	05/29/2014
Decision Date:	05/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania, Ohio, 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 51 year old male, who sustained an industrial injury on 5/29/2014. He reported back pain and burning after lifting a heavy piece of metal. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine dated 9/12/2014, medications, physical therapy, and acupuncture. Currently, the injured worker reported no significant improvement since his last exam. The previous exam, dated 1/19/2015, also noted no significant improvement since the last exam. Exam of the lumbar spine noted spasm in the paraspinal muscles and reduced sensation in bilateral feet. Muscle testing in the right lower extremity was 4/5 in the ankle dorsiflexors, long toe extensors, and ankle plantar flexors. Medications included Orphenadrine ER and Ibuprofen. The treatment plan included aqua therapy (2x3) 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 Times A Week for 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Aquatic Exercise Page(s): 46, 99, 22.

Decision rationale: MTUS recommends active independent home exercise for most patients . This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. The records in this case do not provide a rationale for supervised aquatic exercise rather than independent home exercise at this time. Thus this request is not medically necessary.