

Case Number:	CM15-0082456		
Date Assigned:	05/04/2015	Date of Injury:	07/13/1998
Decision Date:	06/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation, 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 73 year old female, who sustained an industrial/work injury on 7/13/98. She reported initial complaints of back pain. The injured worker was diagnosed as having spinal spondylosis L5-S1 with bulging disc. Treatment to date has included medication, diagnostics, home exercises, gym pass, physical therapy, radiofrequency ablation, and epidural steroid injection. MRI results were reported on 9/3/02 and 2/6/07. Currently, the injured worker complains of improved back pain, s/p epidural injections. Per the primary physician's progress report (PR-2) on 4/14/15, examination revealed lumbar stiffness. Diagnosis is lumbar stenosis. Current plan of care included renew aquatic therapy and pain management and medication. The requested treatments include Aquatic therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy program (qty and duration unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in July 1998 and continues to be treated for back pain. Although recommended, she has never undergone surgery. When seen, she had low back stiffness. Treatments had included epidural injections and radio frequency ablation with improvement. Physical examination findings included minimal tenderness with stiff mobility. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If there was benefit, transition to an independent pool program would be expected and would not require continued skilled physical therapy. Therefore, the request is not medically necessary.