

Case Number:	CM15-0084668		
Date Assigned:	05/06/2015	Date of Injury:	02/04/2003
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina

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 02/04/2003. Current diagnoses include lumbosacral spondylosis without myelopathy, lumbosacral radiculitis, lumbosacral sprain, and lumbago. Previous treatments included medication management, trigger point injection, and independent exercise program. Report dated 03/13/2015 noted that the injured worker presented with complaints that included falling 4-5 times due to low back pain. It was noted that the injured worker self-procures Norco averaging 5-6 tablets per day and remains dysfunctional at home. Pain level was not included. Physical examination was positive for lower extremity pain, allodynia in the left leg, and antalgic gait. The treatment plan included prescriptions for a lumbar MRI and supervised aquatic therapy, continue duragesic patch, Norco, continue clonidine HCL, and pending authorization for acupuncture. It was noted that the injured worker remains functional doing activities of daily living, gardening, walking and light resistance exercise at stable dose. Disputed treatments include aquatic therapy for the low back, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the low back, 6 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(s): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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. (Tomas-Carus, 2007) The patient does not meet criteria as outlined above for aquatic therapy. Therefore, the request is not medically necessary.