

Case Number:	CM13-0004489		
Date Assigned:	12/11/2013	Date of Injury:	12/12/2006
Decision Date:	10/27/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 43-year-old male with a 12/12/06 date of injury. At the time (5/29/13) of the request for authorization for aquatic therapy six (6) sessions for lumbar spine, there is documentation of subjective (slight intensification of low back pain, residual limitation with standing and walking associated with low back pain, limited tolerance for sitting, and persistent back stiffness) and objective (lumbar extension decreased to 10 degrees and bilateral side bending to 15 degrees, mild lumbar paraspinal spasm, positive bilateral lumbar facet maneuver) findings, current diagnoses (residuals of lumbar spondylosis with facet syndrome and limited core strength), and treatment to date (exercise program and medication). There is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY SIX (6) SESSIONS FOR LUMBAR SPINE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine ;Aquatic therapy Page(s): 98;22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG identifies visits for up to 10 visits over 8 weeks. Within the medical information available for review, there is documentation of diagnoses of residuals of lumbar spondylosis with facet syndrome and limited core strength. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy six (6) sessions for lumbar spine is not medically necessary.