

Case Number:	CM14-0119606		
Date Assigned:	09/16/2014	Date of Injury:	04/03/2008
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 55 year old female who was injured on 04/03/2008. The mechanism of injury is unknown. Prior medication history included Norco, levothyroxine, and Actonel as well as physical therapy. The patient underwent a microdiscectomy at L4-L5, posterolateral fusion 06/02/2009 with 70% improvement in pain. Diagnostic studies reviewed include CT of the lumbar spine without contrast dated 05/27/2014 revealed L4-L5 posterior spinal fusion, Grade I degenerative L5-S1 spondylolisthesis and a diffuse posterior disc bulge measuring 3 mm. The is arthropathy with mild to moderate left foraminal stenosis, L4-5 degenerative disc changes and facet arthropathy and mild to moderate right foraminal stenosis. Progress report dated 07/28/2014, documented the patient to have complaints of low back pain radiating to the left neck. Objective findings on exam revealed numbness to the left lateral femoral distribution. The patient was diagnosed with L5-S1 disc annular tear. Prior utilization review dated 7/16/14 states the request for aqua therapy 2 x per a week for lumbar spine is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x per week for lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low back, Aquatic therapy

Decision rationale: According to the CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, 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. The medical records do not demonstrate significant functional limitations are present, morbid obesity or advanced age that would inhibit land-based activities. It is not indicated that the patient would obtain any significant benefit with aquatic therapy over standard therapy. The medical necessity of the requested aquatic visits has not been established. Therefore, this request is not medically necessary.