

Case Number:	CM14-0132760		
Date Assigned:	08/27/2014	Date of Injury:	04/06/2011
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine 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 patient is a 38-year-old female who has submitted a claim for lumbar radiculopathy, L5 radiculopathy, S1 radiculopathy, L5-S1 HNP, and L4-5 disc protrusion associated with an industrial injury date of 04/06/2011. Medical records from 02/19/2014 to 08/08/2014 were reviewed and showed that patient complained of low back pain graded 6-8/10 radiating down the right leg. Physical examination revealed BMI of 31.13, tenderness over L4 and L5 spinous process, decreased ROM, positive SLR test, and decreased sensation along L5 and S1 distribution. EMG of lower extremities dated 11/14/2013 revealed S1 radiculopathy. Lumbar spine MRI (date unavailable) revealed impingement and distortion of descending left S1 nerve root with left lateral recess L4-5 and impingement L5. Treatment to date has included at least 10 visits of aquatic therapy and pain medications. Utilization review dated 08/08/2014 partially certified the request for 6 sessions of aquatic therapy for the lumbar spine to aquatic therapy two times a week for two weeks because the patient did not undergo surgery but was obese.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Aquatic Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 10/24/12).

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

Decision rationale: According to page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is 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. In this case, the patient's BMI is 31.13. The guidelines recommend aquatic therapy where reduced weight bearing is desirable. However, the patient has already completed 10 visits of aquatic therapy. There was no discussion as to why the patient cannot transition to land-based physical therapy. The medical necessity cannot be established due to insufficient information. Therefore, the request for 6 sessions of Aquatic Therapy for the Lumbar Spine is not medically necessary.