

Case Number:	CM14-0146444		
Date Assigned:	09/12/2014	Date of Injury:	06/18/2010
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery, 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:

56 year old claimant with reported industrial injury of June 18, 2010. Agreed medical evaluation from October 10, 2013 demonstrates history of lumbar symptomatology. It is noted the patient has had lumbar surgery in April 2012. It is reported the patient has had physical therapy and pool therapy along with medications. It is noted that the claimant has not had significant improvement following surgery and physical therapy. Present complaints include a dull pain and pressure sensation in the lower back and radicular type radiation of the right leg. Lumbar spine evaluation demonstrates decreased range of motion. Wrist examination demonstrates no obvious swelling, effusion or deformity. There are no areas of tenderness to palpation about the wrist either dorsally or volarly. It is noted that there is a negative Tinel's at the carpal tunnel as well as Guyon's canal. Neurovascular examination is noted to be normal. Diagnosis is made of post lumbar laminectomy pain syndrome status post anterior and posterior L4 to S1 fusion. Diagnosis is also made of chronic pain syndrome and narcotic dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Chronic Pain Disorders, Page(s): 22.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, "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." In this case the exam notes from 10/10/13 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the determination is for non-certification.