

Case Number:	CM14-0146522		
Date Assigned:	09/12/2014	Date of Injury:	12/13/2012
Decision Date:	10/16/2014	UR Denial Date:	09/09/2014
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 Occupational 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 applicant is represented [REDACTED] employee, who has filed a claim for chronic low back pain, venous varicosities, psychological stress, and anxiety reportedly associated with an industrial injury of December 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; at least 18 sessions of physical therapy per the claims administrator; six sessions of acupuncture; and psychological counseling. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for six sessions of additional aquatic therapy for the lumbar spine. The applicant was described by the claims administrator as severely obese, with a BMI of 42 and associated complaints of diabetes. The claims administrator posited that the request, if improved, would result in a total of 26 sessions of land-based and/or aquatic therapy. The applicant's attorney subsequently appealed the denial. In an August 11, 2014, progress note, the applicant reported persistent complaints of low back pain. The applicant was not working, it was acknowledged. 12 sessions of chiropractic manipulative therapy were endorsed at that point. In another note dated August 11, 2014, the applicant followed up with another treating provider, reporting 8/10 low back pain. The applicant was not working, it was acknowledged. The applicant had just begun usage of Lyrica, it was stated. The applicant was severely obese, it appears, standing 5 feet 9 inches tall and weighing 261 pounds. A urology consultation and a psychiatric consultation were endorsed. The applicant was kept off of work, on total temporary disability. The attending provider suggested an additional aquatic therapy on the grounds that the applicant had reported diminished pain with earlier aquatic therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy for lumbar spine, 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22 8.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy in applicants in whom reduced weightbearing is desirable, as, for instance for those individuals with extreme obesity, as appears to be the case here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, despite having had prior aquatic therapy in unspecified amounts over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier aquatic therapy. Therefore, the request for additional aquatic therapy is not medically necessary.