

Case Number:	CM14-0185180		
Date Assigned:	11/13/2014	Date of Injury:	06/18/2008
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Colorado. 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:

64 year old female with date of injury 6/18/2008 continues care with treating physician. Patient has diagnoses Lumbar Radiculopathy, Right Hip Pain, and Piriformis syndrome, with ongoing low back pain radiating to right buttock off and on. Patient has been maintained on Norco and Ibuprofen and has undergone epidural steroid injections with some relief. The records supplied for review do not indicate if patient has tried traditional physical therapy for back and hip symptoms. The treating physician requests Aquatic Therapy instead of additional epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 99.

Decision rationale: Per the guidelines, Aquatic therapy is recommended as an alternative to land-based physical therapy, specifically where decreased weight bearing is needed or recommended, for example in obesity. The number of recommended supervised sessions for

aquatic therapy is the same as those recommended for land-based therapy: For myalgia and myositis 9-10 visits recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8-10 visits recommended over 4 weeks. Per the records supplied, the patient, whose complaints include myalgias and radiculitis, has not participated in traditional, land-based physical therapy in the past for back pain. There is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Without clear indication for aquatic therapy or failure of traditional land-based therapy, the request for aquatic therapy is not medically indicated.