

Case Number:	CM14-0140254		
Date Assigned:	09/10/2014	Date of Injury:	10/17/2013
Decision Date:	02/13/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Practice, 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:

This is a 32 years old male patient who sustained an injury on 10/17/2013. He sustained the injury while rolling [REDACTED] unit. The diagnoses include lumbosacral strain and lumbar stenosis at L4-5. Per the doctor's note dated 7/23/2014, he had complaints of low back pain at 7/10, increased with prolonged sitting and standing. The physical examination revealed mild decreased and painful range of motion and tender lumbar paraspinal muscles. The medications list includes naprosyn, prilosec, flexeril and tramadol. He has had lumbar MRI dated 12/27/2013 which revealed small protrusions at L4-5 and L5-S1 with advance degenerative changes; lumbar MRI dated 2/10/2014 which revealed degenerative disc disease at multiple levels particularly at L4-5. He has had land based physical therapy visits, 6 aquatic therapy visits, 12 chiropractic visits, trigger point injections and epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy - 12 sessions: Upheld

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

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

Decision rationale: Per MTUS guidelines, aquatic therapy is "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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. In addition, patient has already had 6 aquatic therapy visits for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous aquatic therapy visits that is documented in the records provided. The medical necessity of Aqua therapy - 12 sessions is not fully established for this patient.