

Case Number:	CM14-0216114		
Date Assigned:	01/06/2015	Date of Injury:	08/08/2014
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41 year-old male with date of injury 08/08/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/02/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed 2+ tenderness of the lumbosacral paraspinals with spasm, right greater than left. Range of motion was restricted in all planes with pain on the right. Negative straight leg raise on the left, positive on the right at 80 degrees from the sitting position. There was low back pain noted with compression of the right anterior superior iliac area. Sensory exam was normal. Diagnosis: 1. Lumbar disc herniation 2. Lumbar radiculopathy 3. Lumbosacral ligament strain. Patient has completed 10 session of physical therapy for the lumbar spine to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Pool (Aqua) Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for greater than the number of visits necessary to determine treatment efficacy and there is no documentation of objective functional improvement.