

Case Number:	CM14-0216950		
Date Assigned:	01/06/2015	Date of Injury:	08/04/2011
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 60 year old male with a date of injury as 08/04/2011. The cause of the injury was related lifting. The current diagnoses include lumbar spine radiculopathy and urinary incontinence. Previous treatments include oral and topical medications, IF unit, aqua therapy, physical therapy, epidural steroid injection, and home exercise program. Multiple physician's reports dated 10/02/2013 through 07/15/2014, lumbar epidural steroid injection procedure report dated 03/04/2014, and laboratory reports were included in the documentation submitted for review. Report dated 07/15/2014 noted that the injured worker presented with complaints that included stabbing back pain , rated 9-10 out of 10 pain level depending on activity. The injured worker stated that the aqua therapy really helped, especially with medication and the home exercise program. Physical examination revealed tenderness in the lumbar spine, positive sciatic notch tenderness, decreased range of motion, and decreased motor and sensory in the right lower extremity. Neurosurgical re-evaluation dated 06/18/2014 notes that the injured worker is making slow but steady progress with conservative treatments, and feels that conservative treatments should be continued. According to the utilization review the injured worker was previously prescribed 12 sessions of aquatic therapy, but there was no documentation submitted to show the number of visits completed to date or the affects the current aquatic therapy has provided. The injured worker is currently on modified work restrictions. The utilization review performed on 12/19/2014 non-certified a prescription for 12 sessions of aquatic therapy based on previous documentation indicating that the injured worker has been previously approved for 12 sessions

of aquatic therapy and should now be progressing towards a land based physical activity program. The reviewer referenced the ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98 AND 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: California MTUS guidelines state that 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. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. "Regarding the number of visits, MTUS state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese. Additionally, the medical records do not indicate that objective findings of functional improvement from the initial trail of aquatic therapy, which is needed to extend and continue additional therapy.