

Case Number:	CM14-0059242		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2010
Decision Date:	03/23/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/29/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained an industrial injury on August 6, 2010. She has reported lower back pain. Her diagnoses include lower back pain with lumbar disc displacement and radiculitis and status post discectomy at lumbar 4-lumbar 5 in 2013. She has been treated with pain medication, ankle-foot brace, and physical therapy with infrared, myofascial release, and acupuncture. The 2013 MRI of the cervical spine showed multilevel degenerative disc disease, neural foraminal stenosis and facet arthropathy. The 2013 MRI of the lumbar spine showed degenerative disc disease and facet arthropathy. results. On February 24, 2014, the treating physician noted the injured worker was able to tolerate only three therapy visits, and the therapy reactivated her right leg sciatic pain. The physical exam revealed mild, diffuse tenderness of the lumbar region. The range of motion was stiff, but did not produce any radiating pain. The right straight leg raise was positive. The light leg was weak, but 90% improved since surgery. The right leg has a contraction deformity - the right foot turns inward. On April 9, 2014 Utilization Review non-certified a prescription for 12 visits (2 times a week for 6 weeks) of aquatic therapy noting the lack of rationale for aquatic rather than land-based therapy. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xWk x 6Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back: Aquatic Therapy, Physical Therapy; Tomas-Carus, 2007; Ariyoshi 1999; Burns, 2011; Dundar, 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47,98-99. Decision based on Non-MTUS Citation Pain Chapter. Aquatic Exercise

Decision rationale: The CA MTUS and the ODG guidelines recommend that aquatic exercise therapy can be utilized for the treatment of chronic musculoskeletal pain when the patient cannot full participate land based exercise due to difficulty in weight bearing. The record indicate that the patient had previously completed post surgery PT as well as some PT session in 2014. There was no documentation of inability to due land based exercise. The guidelines recommend that patients progress to a home exercise program after completion of supervised PT program. The criteria for Aquatic Therapy 2 times per week for 6 weeks was not met.