

Case Number:	CM14-0079915		
Date Assigned:	07/18/2014	Date of Injury:	07/28/1997
Decision Date:	06/08/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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: Emergency 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:

The injured worker is a 58 year old female who sustained an industrial injury 07/28/97. Initial complaints and diagnoses are not available. Treatments to date include back surgery. Diagnostic studies include CT scans of the lumbar spine. Current complaints include pain in the lower back radiating to the bilateral legs to the feet. Current diagnoses include status post L4-5 lumbosacral fusion. In a progress noted dated 04/29/14 the treating provider reports the plan of care as aquatic therapy. The requested treatment is aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve outpatient trial of Aquatic Therapy to the lumbar spine, 2-3 x 3-4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

Decision rationale: The requested Twelve-outpatient trial of Aquatic Therapy to the lumbar spine, 2-3 x 3-4 weeks, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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." The injured worker has pain in the lower back radiating to the bilateral legs to the feet. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program, nor the medical necessity for a trial of greater than six sessions before re-evaluation. The criteria noted above not having been met, Twelve outpatient trial of Aquatic Therapy to the lumbar spine, 2-3 x 3-4 weeks is not medically necessary.