

Case Number:	CM15-0003820		
Date Assigned:	01/14/2015	Date of Injury:	12/25/2013
Decision Date:	05/28/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 12/25/2013. The mechanism of injury was not submitted for review. The injured worker has diagnosis of lumbar spine strain and herniated nucleus pulposus at L5-S1. Past medical treatment consists of epidural steroid injections, aquatic therapy, physical therapy, and medication therapy. On 03/04/2014, the injured worker underwent an MRI of the lumbar spine, which revealed degenerative vertebral change and disc disease of the lumbar spine. Small extrusions involved the lumbar from L3-4 through L5-S1. On 02/12/2015, the injured worker was seen for follow-up where she complained of lumbar spine pain with spasm. Physical examination noted that there was tenderness to palpation, decreased range of motion, and spasm. Medical treatment plan was for the injured worker to undergo 12 aquatic therapy sessions for the lumbar spine and participate in a weight loss program. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The request for 12 aqua therapy sessions for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an option form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that for treatment of myalgia, myositis is 9 to 10 visits, and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. Submitted documentation did not indicate that the injured worker would benefit from aquatic therapy. Additionally, there was no indication of the injured worker having a diagnosis congruent with the above guidelines. Furthermore, the submitted documentation lacked physical examination impairments. There was also no reason as to why the injured worker would not benefit from a land based home exercise program. Moreover, the request as submitted exceeds guideline recommendations. Given the above, the request would not be indicated. As such, the request is not medically necessary.