

Case Number:	CM15-0108462		
Date Assigned:	06/15/2015	Date of Injury:	10/13/2013
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44-year old female, with a reported date of injury of 10/13/2013. The diagnoses include sacroiliitis on the right; sacroiliac joint arthropathy; disc bulge in the thoracic spine; bilateral sacroiliac joint strain; lumbar spine sprain; and thoracic spine sprain. Treatments to date have included an MRI of the lumbar spine on 02/18/2014 which showed mild posterior disc degeneration at L3-4; an MRI of the thoracic spine on 02/18/2014 which showed mild disc degeneration at T6-7 with a 2.5mm central and left paracentral posterior disc bulge without significant neural impingement; sacroiliac joint injection on the right on 01/29/2015; bilateral sacroiliac joint on 05/23/2014; oral medication; x-rays of the thoracic spine which showed minor degenerative disc disease; x-rays of the lumbar spine which were unremarkable; and home exercise program. The progress report dated 04/27/2015 indicates that the injured worker had decreased thoracic spine pain, and she complained of severe lumbar spine pain. It was noted that the injection helped. The medical report dated 03/16/2015 indicates that the injured worker complained of continued pain in her upper and lower back. The physical examination showed thoracic paravertebral muscle tightness and stiffness, tenderness of the lumbosacral junction, tenderness of the bilateral sacroiliac joints and buttocks, decreased lumbar range of motion, and positive straight leg raise test. The treating physician requested twelve (12) aqua therapy visits for the lumbar and thoracic spine. It was noted that this would complete her conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy visits 2 times a week for 6 weeks for the lumbar and thoracic spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 155 lbs and height of 5'5" in a progress note dated 10/2014, and a BMI of 25.8. Therefore, this request is not medically necessary.