

Case Number:	CM15-0013435		
Date Assigned:	02/02/2015	Date of Injury:	12/14/2011
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on December 14, 2011. The diagnoses have included L5-S1 Disc herniation s/p post-dissectomy, failed back surgery syndrome, post traumatic stress syndrome. Treatment to date has included pain medication, aquatic therapy and psychological treatment. Currently, the injured worker expresses frustration over his short-term memory loss and becomes angry when he cannot remember or has forgotten things. The injured worker reported deep depression with passive suicidal ideations. He has a high level of anxiety and expresses fear at leaving his home. He reports poor sleep and fatigue in the day. There is not documentation provided to substantiate significant or sustained benefit related to previous aquatic therapy, anticipated future benefit. On January 14, 2015 Utilization Review non-certified a request for [REDACTED] pool therapy one time a week for twelve weeks for the bilateral low back area, noting that there is no documented significant or sustained benefit related to previous aquatic therapy, anticipated future benefit or current objective findings to support the continuation. The California Medical Treatment Utilization Schedule was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of [REDACTED] pool therapy one time a week for twelve weeks for the bilateral low back area.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Pool Therapy One Time A Week For Twelve Weeks-Bilateral Low Back Area:
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 Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on December 14, 2011. The medical records provided indicate the diagnosis of L5-S1 Disc herniation s/p post-dissectomy, failed back surgery syndrome, post-traumatic stress syndrome. Treatment to date has included pain medication, aquatic therapy and psychological treatment. The medical records provided for review do not indicate a medical necessity for ██████████ Pool Therapy One Time A Week For Twelve Weeks-Bilateral Low Back Area. The record indicates the injured worker has an antalgic gait and need the use of a cane for ambulation. Therefore, the injured worker is not a candidate for land therapy. However, the request is for a total of 12 sessions. This exceeds the recommended maximum by the MTUS. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks.