

Case Number:	CM15-0014514		
Date Assigned:	02/03/2015	Date of Injury:	02/24/2006
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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, Ohio, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2006. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy for the lumbar spine. The claims administrator referenced a December 4, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On said December 4, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stood 5 feet 9 inches tall and weighed 186 pounds. The applicant exhibited a wide-based gait, reportedly attributed to the applicant's low back pain. The applicant reported multifocal complaints of neck, hip, back, and groin pain collectively scored at 7-8/10. Motrin, home exercise, stretches, and non-aerobic activities were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy to lumbar spine, 2 times a week for 6 weeks, total of 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 22, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MT.

Decision rationale: 1. No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was/is no mention of reduced weight bearing as being particularly desirable here. While the applicant did exhibit a wide-based gait on December 4, 2014 reportedly associated with his low back pain, there was no explicit mention of reduced weight bearing being particularly desirable here. It is further noted that the 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Therefore, the request was not medically necessary.