

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0113736 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 10/13/2013 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on October 13, 2013. She reported pain in her mid and lower back and was diagnosed with lumbar and thoracic spine strain. Treatment to date has included medications, physical therapy, home exercise program, MRI of the thoracic and lumbar spine, sacroiliac joint injections, and modified work duties. Currently, the injured worker complains of reports residual pain in her upper and lower back with increased sitting, standing, lifting and performing activities of daily living. On physical examination the injured worker has tenderness to palpation over the lumbosacral joint and tenderness to palpation of the bilateral sacroiliac joints and buttocks. Her lumbar spine range of motion is limited in all plans and a straight leg raise test is positive. The diagnoses associated with the request include musculoligamentous strain of the thoracic and lumbar spine, lumbar spine strain and bilateral sacroiliac joint. The treatment plan includes physical therapy, acupuncture, and aqua therapy; continued Tramadol and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x12 visits, 2x6 weeks, for lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): (s) 22 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy times 12, two times per week times six weeks to the lumbar and thoracic spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are musculo-ligamentous strain thoracic spine; 2.5 mm disc bulge at T6 - T7; musculoligamentous strain lumbar spine; and strain bilateral sacroiliac joints. The medical record contains 28 pages. The request for authorization is May 7, 2015. There is a single progress note in the medical record dated April 27, 2015. The injured worker has ongoing upper and lower back pain. Objectively, there is tenderness palpation over the lumbar spine with decreased range of motion. There is no motor or sensory deficit. The injured worker received an unspecified number of prior physical therapy visits. There were no progress notes documenting physical therapy over the course of treatment (2013 through 2014). The treating provider requested acupuncture, land-based physical therapy and aquatic therapy. There was a peer-to-peer conference call between utilization review provider and the treating provider. The treating provider indicated he prefers land-based physical therapy and, in addition, a request for aquatic therapy would place the overall request over the recommended guidelines. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines and the peer to peer conference call, aquatic therapy times 12, two times per week times six weeks to the lumbar and thoracic spine is not medically necessary.