

Case Number:	CM15-0120075		
Date Assigned:	06/30/2015	Date of Injury:	08/28/2014
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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, Hawaii

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 44 year old male, who sustained an industrial injury on 8/28/2014. He reported bending/twisting activity resulting in low back pain. Diagnoses include lumbar strain, lumbar disc herniation syndrome with right sided radiculopathy, and anxiety disorder. Treatments to date include modified activity, anti-inflammatory, muscle relaxer, ice/heat therapy, back brace, and chiropractic therapy, aquatic therapy and acupuncture treatments. Currently, he complained of ongoing low back pain with right lower extremity symptoms. On 5/13/15, the physical examination documented decreased lumbar range of motion and painful right leg heel to toe walk. The straight leg raise was positive bilaterally and decreased sensation to bilateral lower extremities. The plan of care included eight additional aquatic therapy sessions, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x4: 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 Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with diagnoses that include lumbar strain, lumbar disc herniation syndrome and right-sided radiculopathy and anxiety disorder. Currently the patient complains of ongoing low back pain with right lower extremity symptoms and decreased lumbar range of motion and painful right leg heel to toe walk. The current request is for Aquatic therapy 2x4. The treating physician states in the 5/13/15 (190B) treating report that, "The patient is in need of further care...An RFA for aquatic therapy to the lumbar spine at a frequency of twice a week for four weeks for a total of eight visits is warranted. He has had 15 sessions up to date." MTUS Guidelines has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Furthermore, MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. In this case, the clinical history does not document the number of aquatic therapy sessions the patient has completed in the past but based upon the UR dated 6/15/15 (10A) the patient has completed "10 to 15 sessions" and based upon the most recent treating report the patient has completed "15 sessions to date." While the patient does indeed present with a BMI of 32, which is in the category considered obese, the current request would exceed the number of recommended aquatic therapy sessions as recommended by MTUS. The current request is not medically necessary.