

Case Number:	CM15-0122581		
Date Assigned:	07/06/2015	Date of Injury:	06/19/2014
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

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:

This 47-year-old woman sustained an industrial injury on 6/19/2014. The mechanism of injury is not detailed. Evaluations include undated lumbar spine MRI. Diagnoses include discogenic lumbar condition with facet inflammation and without radiculopathy and depression, sleep disorder, and concentration issues due to chronic pain. Treatment has included oral medications, back brace, TENS unit, wheelchair, and aquatic therapy. Physician notes dated 4/28/2015 show complaints of low back pain. Recommendations include nerve conduction studies of the bilateral lower extremities, aquatic therapy, Nalfon, Neurontin, Tramadol, Flexeril, Percocet, Valium, Naproxen, Aciphex, Lunesta, Effexor, urine drug screen, motorized wheelchair, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy sessions for the low back Qty: 6. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for low back pain. She had physical therapy in September and October 2014. Her BMI is nearly 37. When seen, 8 aquatic therapy treatments had been tremendously helpful. She was using a wheelchair related to recent knee surgery. There was decreased lumbar range of motion with positive facet loading. Additional aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and has low back and knee pain. Aquatic therapy was appropriate. However, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.