

Case Number:	CM15-0123322		
Date Assigned:	07/07/2015	Date of Injury:	11/05/2003
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 injured worker is a 43 year old male, who reported industrial injuries on 11/5/2003. His diagnoses, and or impression, were noted to include: lumbar disc disease, status-post lumbar spine surgery (1/15/07); lumbar radicular pain; low back pain; and major depressive disorder, severe single episode, without psychotic features. No current imaging studies were noted. His treatments were noted to include diagnostic studies; a comprehensive medical-legal psychiatric evaluation and qualified medical examination on 1/21/2006, with supplemental reports (7/20/06, 11/10/08, 12/8/14); aqua therapy; weight loss; medication management; and rest from work. The progress notes of 1/14/2015 reported lower back pain and problems having erections. Objective findings were noted to include constant lower back pain that radiated to the left facet sometimes. The physician's requests for treatments were noted to include additional aquatic therapy sessions which helped in the past to help pain and mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: p87.

Decision rationale: The claimant sustained a work injury in November 2003 and continues to be treated for low back pain. Treatments have included medications and prior aquatic therapy sessions in December 2014 with reported benefit. When seen, his condition was unchanged. He was having ongoing low back and leg pain. The claimant's BMI is nearly 40. 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 a pool program would likely be appropriate. However, the claimant has already had formal aquatic therapy treatments and transition to an independent pool program would be indicated and would not require the number of requested treatments. The request is not medically necessary.