

Case Number:	CM15-0124524		
Date Assigned:	07/09/2015	Date of Injury:	07/29/2014
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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 71 year old female, who sustained an industrial injury on 7/29/14. The injured worker has complaints of lower back pain radiating to the right leg with numbness, tingling and weakness. The documentation noted that the lumbar paraspinal muscles are tender and decreased range of motion in all planes. The injured worker has an antalgic gait ambulating with a cane. The diagnoses have included lumbar radiculopathy. Treatment to date has included acupuncture; magnetic resonance imaging (MRI) from October 2014 showed significant discogenic changes throughout the entire lumbar spine and disc herniations most probably at the L4-5 and L5-S1 (sacroiliac) levels more towards the right hand side causing nerve compression; electrodiagnostic medicine impression showed normal electromyography studies of lower extremities with no acute or chronic denervation potentials, right peroneal motor peripheral neuropathy and bilateral saphenous sensory nerves peripheral neuropathy and injections. The request was for aqua therapy 12 sessions lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions lumbar spine: Upheld

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

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 to the lumbar spine therapy 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 diagnosis is lumbar radiculopathy. The date of injury is July 29, 2014. The request for authorization is dated June 23, 2015. According to a progress note dated April 27, 2015, subjectively the injured worker has low back pain that radiates to the right lower extremity. The worker had a lumbar epidural steroid injection and developed an adverse reaction that resulted in a visit to the emergency department. There are no physical therapy notes in the medical record. There is no documentation of failed land-based physical therapy. According to the most recent progress note in the medical record dated June 22, 2015, the documentation is largely illegible. The injured worker has low back pain that radiated to the right leg. There was no height and weight or BMI in the medical record. There was no clinical rationale for aquatic repeat. Consequently, absent clinical documentation with the clinical indication and rationale for aquatic therapy and past physical therapy with documentation demonstrating objective functional improvement, aquatic therapy times 12 to the lumbar spine therapy is not medically necessary.