

Case Number:	CM15-0124574		
Date Assigned:	07/09/2015	Date of Injury:	03/29/2002
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
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 52-year-old female who sustained an industrial injury on 3/29/02 that involved of a lifting and twisting of her upper body resulting in immediate pain in the lower back. She was medically evaluated, given pain medication. The injured worker relates treatment by several physicians and had several types of therapy, epidural injections and two major surgeries to the lumbar spine. She currently complains of constant, severe low back pain with radiation through her bilateral legs with numbness and tingling in the lumbar spine and bilateral legs. She ambulates with a cane. Her pain level was 7.5/10. On physical exam of the lumbar spine, there was tenderness with spastic activity and restricted range of motion. Medications are Opana, gabapentin, Robaxin, zanaflex, subsys. Diagnoses include lumbar discopathy, status post lumbar disc surgery X2; failed back syndrome surgery; status post spinal cord stimulator insertion (4/2/15). Treatments to date include medication; spinal cord stimulator with benefit and able to decrease her subsys; physical therapy; transcutaneous electrical nerve stimulator unit. In the progress note, dated 5/20/15 the treating provider's plan of care includes a request for aquatic therapy twice per week for four weeks to reduce pain and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 pool therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 8 pool therapy visits to the lumbar are 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 lumbar discopathy, status post lumbar disc surgery times two; failed back surgery syndrome; and status post spinal cord stimulator (April 2, 2015). The date of injury is March 29, 2002. The request for authorization is June 9, 2015. According to a progress note dated May 20, 2015, the injured worker complains of severe low back pain that radiates to the bilateral lower extremities. The injured worker complains of numbness and tingling and ambulates with a cane. Objectively, there is no height, weight or BMI in the medical record. There is no documentation of failed land-based physical therapy. There is no clinical rationale for aquatic therapy. There is no documentation of past physical therapy progress notes with evidence of objective functional improvement. Consequently, absent clinical documentation of failed land-based physical therapy, evidence of objective functional improvement, clinical rationale for aquatic therapy over land-based physical therapy in the absence of height, weight and BMI, 8 pool therapy visits to the lumbar spine are not medically necessary.