

Case Number:	CM15-0128693		
Date Assigned:	07/16/2015	Date of Injury:	09/18/2009
Decision Date:	09/02/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 74 year old male who sustained an industrial injury on 9-18-15. Treatments include: medication, physical therapy, acupuncture, pressure point therapy, nerve stimulator implant, injections, and surgery. Most recent progress note found dated 12-15-14 reports continued complaints of back pain that radiates down the left leg and foot. He is not able to return to normal activities. The pain is constant and is rated 5-6 out of 10. The pain is worse with climbing stairs, walking on uneven ground, bending and stooping. The pain is improved with pain medication and laying flat. Diagnoses include: lumbar degenerative disc disease, lumbalgia and lumbar radiculitis. Plan of care includes: continue medications and continue current exercise program. Work status: retired. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 5 weeks for the lumbar spine: 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, page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. It is unclear if the patient has previously completed sessions of therapy. There is no current indication for aquatic therapy sessions and why this cannot be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not indicated as a medical necessity to the patient at this time.