MAXIMUS Federal Services

Case Number:	CM15-0144744		
Date Assigned:	08/05/2015	Date of Injury:	01/26/2005
Decision Date:	10/23/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on January 26, 2005, incurring low back injuries. Lumbar Magnetic Resonance Imaging revealed degenerative changes with lumbar disc bulging. She was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included physical therapy and home exercise program, transcutaneous electrical stimulation unit, anti-inflammatory drugs, proton pump inhibitor, pain medications, topical analgesics, lumbar facet blocks, aqua therapy and activity restrictions. She noted significant relief from the transcutaneous electrical stimulation unit and pain relieving medications. She was able to walk, cook, drive and do housework with the use of medications. Currently, the injured worker complained of increased chronic low back pain with worsening sciatica. She was diagnosed with lumbar facet pain, chronic low back pain and lumbar radiculopathy. Previously, the injured worker noted pool therapy had helped with the relief of her low back pain. The treatment plan that was requested for authorization on July 23, 2015, included additional aqua therapy for the lumbar spine. On July 20, 2015, utilization review denied the request for additional aqua therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy for the lumbar spine (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.