

Case Number:	CM15-0161477		
Date Assigned:	08/27/2015	Date of Injury:	06/09/2005
Decision Date:	11/25/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Emergency 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 6-9-2005. The injured worker is undergoing treatment for: low back pain, status post lumbar surgery, failed back surgery syndrome. On 5-27-15, 8-17-15, she reported low back pain. Physical examination revealed tenderness in the lumbar spine, paraspinals spasm, and trigger points in the bilateral sciatic and lumbar paraspinals, tenderness in the sacroiliac joints, reduced range of motion, normal sensory and motor function and normal gait and deep tendon reflexes. The records indicated she has received multiple sessions of physical therapy; however it is unclear of the efficacy or failure of this treatment. The records are unclear regarding an inability to do land based therapy. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (12-3-14), multiple sessions of physical therapy, multiple sessions of chiropractic therapy, lumbar surgery (July 2005), injections (dates unclear), dorsal stimulator implant (2006). Medications have included: Oxycodone, OxyContin. The request for authorization is for: aquatic therapy 6 sessions for the lumbar spine. The UR dated 7-30-2015: non-certified the request for aquatic therapy 6 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 6 Sessions Lumbar Spine: 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: The requested Aquatic Therapy 6 Sessions Lumbar Spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, 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." The injured worker has low back pain. Physical examination revealed tenderness in the lumbar spine, paraspinals spasm, and trigger points in the bilateral sciatic and lumbar paraspinals, tenderness in the sacroiliac joints, reduced range of motion, normal sensory and motor function and normal gait and deep tendon reflexes. The records indicated she has received multiple sessions of physical therapy; however it is unclear of the efficacy or failure of this treatment. The records are unclear regarding an inability to do land based therapy. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic Therapy 6 Sessions Lumbar Spine is not medically necessary.