

Case Number:	CM15-0022190		
Date Assigned:	02/11/2015	Date of Injury:	04/01/2014
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 35-year-old male with an industrial injury of 04/01/2014. The mechanism of injury is documented as occurring while he was picking up boxes and placing them on a pallet, he immediately felt a sharp pain to his lower back. He presented on 10/29/2014 complaining of constant severe sharp low back pain and cramping radiating to both legs with tingling and cramping. Physical exam revealed dermatome sensation was intact and equal bilaterally in both lower extremities. Lumbar paravertebral muscles and bilateral paravertebral muscles were tender. Range of motion was painful. Prior treatments include medications, physical therapy and lumbar epidural steroid injection. Diagnosis was lumbar muscle spasm, lumbar spine disc protrusion, lumbar radiculitis, lumbar neural foramen mild narrowing and sexual dysfunction, urological versus spinal. On 10/29/2014, the provider submitted a request for aqua therapy. On 01/27/2015 the request for aquatic therapy 2 times per week for 4 weeks plus evaluation times 2 beginning 01/14/2015 for the lumbar spine was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x Per Week For 4 Weeks Plus Evaluation X 2 Beginning 1/14/15 For The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: 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 documentation submitted for review does not indicate why aquatic therapy would be recommended over land-based physical therapy. As such, medical necessity cannot be affirmed.