

Case Number:	CM15-0063096		
Date Assigned:	04/08/2015	Date of Injury:	02/26/2010
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male who sustained an industrial injury on February 26, 2010. The injured worker had reported low back pain. The diagnoses have included bilateral active on chronic lumbar radiculopathy, carpal tunnel syndrome left, arthritis of the hip, anxiety, depression and failed back surgery syndrome. Treatment to date has included medications, electrodiagnostic studies, lumbar epidural steroid injections, radiological studies, a transcutaneous electrical nerve stimulation unit, physical therapy, aquatic therapy and a lumbar laminectomy. Current documentation dated January 13, 2014 notes that the injured worker reported ongoing back pain, leg pain and numbness and tingling of the left hand with cramps and stiffness. Examination revealed a positive Phalen's test and Tinel's test on the left. A straight leg raise test was also noted to be positive. There was also stiffness noted with range of motion. The treating physician's plan of care included a request for pool therapy for lumbar spine # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 3 times 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, MTUS Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, the request exceeds the supported number of sessions and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.