

Case Number:	CM15-0067376		
Date Assigned:	04/15/2015	Date of Injury:	05/29/2014
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/09/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male driver and assembler who sustained an industrial injury to the low back on 5/29/2014 while lifting a heavy metal object. Since the injury, he has ongoing low back pain with radiation to the lower extremities, worse on the left. His diagnoses are lumbar disc disease; and lumbar radiculopathy. A magnetic resonance imaging study of the entire back was performed on 9/12/2014, showing disc disease at the L3 and L4 levels with some nerve compression. His treatments have included physical therapy, acupuncture therapy, modified work duties and medication management. The progress notes of 3/16/2015 noted complaint of no significant improvement in his back pain since the last examination, and that his pain is improved with medication. The physician's requests for treatments included aqua therapy to help him strengthen his core and improve his back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: 2 times a week for 3 weeks for 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(s): 22.

Decision rationale: The MTUS notes 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case the medical records do not document obesity and there is no recommendation for weight loss as a therapeutic goal. There is no rationale for the need for non-weight bearing or decreased weight bearing therapy to reduce the effects of gravity. The request for aquatic therapy for the lumbar spine 2 times per week for 3 weeks is not consistent with the MTS guidelines and is not medically necessary.