

Case Number:	CM15-0069429		
Date Assigned:	04/17/2015	Date of Injury:	12/07/2010
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 December 7, 2010. She reported the when moving a recliner she experienced acute onset of back pain with radiation to the left leg. The injured worker was diagnosed as having status post L5-S1 TLIF on February 10, 2015. Treatment to date has included electro diagnostic study, trigger point injections, physical therapy, MRI, chiropractic treatments, aquatic sessions, a lumbar fusion, x-rays, and medication. Currently, the injured worker complains of moderate back pain especially on the right. The Primary Treating Physician's report dated February 23, 2015, noted the injured worker underwent a transforaminal lumbar interbody fusion (TLIF) on February 10, 2015, with the majority of the paresthesias resolved since surgery. The injured worker was noted to have difficulty walking, using Norco on a daily basis. Examination of the lumbar spine revealed a well-healed incision with motor examination grossly intact. The treatment plan was noted to include a decreased of the Norco, and a request for postoperative physical therapy and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 Times A Week for 3 Weeks Low Back: Upheld

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

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

Decision rationale: 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 length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The ps weight is 172 lbs but BMI is not noted to clarify level of obesity. The claimant was noted to be able to use a walker. In addition, the amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.