

Case Number:	CM15-0075036		
Date Assigned:	04/24/2015	Date of Injury:	04/02/2003
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on 04/02/2003. The injured worker is currently diagnosed as having displacement of intervertebral disc without myelopathy, lumbosacral radiculitis, lumbosacral sprain, and lumbago. Treatment and diagnostics to date has included physical therapy, lumbar spine MRI, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of increased low back pain radiating to the right leg. The treating physician reported requesting authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Supervised aquatic therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 supervised aquatic therapy visits for the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are displacement intervertebral disc without myelopathy; lumbosacral radiculitis; lumbosacral sprain; and lumbago. Documentation from a March 19, 2014 progress note shows the injured worker had received two sessions of physical therapy at that time. The injured worker was pregnant and requested a referral to a provider that was more experience in treating pregnant women (for physical therapy). The most recent progress note is dated February 18, 2015. Subjectively, the injured worker complained of an increase in low back pain for approximately 2 weeks that radiated to the right lower extremity. Objectively, the motor and sensory examination was grossly normal. There was no clinical rationale for aquatic therapy. There was no discussion regarding why reduced weight-bearing is necessary. There was no documentation demonstrating objective functional improvement and the specific number of prior physical therapy sessions to date. There was no clinical rationale for aquatic therapy over land-based therapy documented in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy sessions), total number of prior physical therapy sessions to date, a rationale for reduced weight bearing and aquatic therapy over land-based therapy, six supervised aquatic therapy visits for the lumbar spine is not medically necessary.