

Case Number:	CM15-0078366		
Date Assigned:	04/29/2015	Date of Injury:	09/16/2013
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts

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 32-year-old female, who sustained an industrial injury on 9/16/13. The injured worker has complaints of low back pain that radiates to the right thigh. The diagnoses have included lumbar spine disc protrusions at L3-4 (broad based), L4-5 (broad based), and L5-S1 (sacroiliac); lumbar spine sprain/strain; lumbar spine stenosis; lumbar spine with facet joint arthropathy and right L5-S1 (sacroiliac) and lumbar spine with right-sided radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; back brace as needed; home exercise program and aquatic therapy. The request was for aquatic Therapy sessions (2 x 4) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy sessions (2 x 4) for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar, Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines 7 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p8.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, she had a height 5 feet, 7 inches and weighs 240 pounds which corresponds to a BMI of 37.6. She had completed four of six aquatic therapy sessions with improvement. Being requested is an additional 8 treatments. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be obese and has benefited after four pool therapy sessions. The additional therapy being requested would be expected to result in transition to an independent pool program and consideration of a gym membership that would not require ongoing skilled therapy oversight. The request is medically necessary.