

Case Number:	CM15-0078533		
Date Assigned:	04/29/2015	Date of Injury:	03/22/2013
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, New York, California
 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 22, 2013. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve a request for eight sessions of aquatic therapy. An April 3, 2015 progress note and an associated RFA form were referenced in the determination. The applicant had undergone earlier lumbar spine surgery on January 15, 2014, it was noted. The claims administrator also referenced a March 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 8-9/10, exacerbated by sitting, lifting, and/or lying down. The applicant's medication list included Robaxin, Cymbalta, Mobic, Flexeril, Norco, tramadol, and Lyrica. Work restrictions were endorsed. The applicant did not appear to be working with said limitations in place. Hypoesthesias were noted about the left leg on exam. The applicant's BMI was 32. The applicant was described as exhibiting a normal gait, with normal heel and toe ambulation. The applicant was returned to regular duty work at the bottom of the report. Cymbalta, Mobic, and Robaxin were endorsed. In a RFA form dated March 12, 2015, the applicant was seemingly placed off of work, without any associated narrative commentary. Follow-up visits, physical therapy, aquatic therapy, Mobic, Cymbalta, Robaxin, and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative aquatic therapy 2 x 4 weeks: Upheld

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

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

Decision rationale: No, the request for aquatic therapy was not medically necessary, medically appropriate, or indicated here. The applicant was well outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier lumbar laminectomy surgery of January 15, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it did not appear that reduced weight bearing was, in fact, desirable. The applicant was described as independently ambulatory in office visit of February 3, 2015. The applicant exhibited a normal gait on that date, it was reported. The applicant had returned to regular work as of that point in time, it was reported. It did not appear, thus, that the applicant was in fact an individual for whom reduced weight bearing was desirable here. Therefore, the request was not medically necessary.