

Case Number:	CM15-0097451		
Date Assigned:	05/28/2015	Date of Injury:	10/01/2000
Decision Date:	06/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 63-year-old female, who sustained an industrial injury on 10/01/2000. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having displacement of lumbar disc without myelopathy, degeneration of lumbar disc, lumbar stenosis, lumbosacral radiculitis, and lumbar facet arthropathic changes. Treatment and diagnostics to date has included psychiatric treatment, back surgeries, right shoulder surgery, and medications. In a progress note dated 04/30/2015, the injured worker presented with complaints of low back pain radiating to right lower extremity and states she has never had physical therapy. Objective findings include lumbar spine tenderness with decreased range of motion. The treating physician reported requesting authorization for aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aqua therapy sessions: Upheld

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

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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in October 2000. When seen, she was having radiating low back pain. Physical examination findings included decreased lumbar spine range of motion with tenderness. There was increased muscle tone. She had right sciatic notch tenderness. 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, there is no identified co-morbid condition that would preclude land-based physical therapy. In addition, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is excessive. Therefore, the request is not medically necessary.