

Case Number:	CM14-0147986		
Date Assigned:	09/15/2014	Date of Injury:	07/31/2007
Decision Date:	10/22/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year-old female who was reportedly injured on 7/31/2007. The most recent progress note, dated 9/10/2014, indicates that there were ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated antalgic gait, lumbar spine: surgical scar, limited range of motion with pain. Positive tenderness to palpation of the paravertebral muscles, hypertonicity, and tight muscle band noted bilaterally. Positive tenderness to palpation spinous noted at processes L3, four and five. Patient cannot walk on heels or toes. Straight leg raises positive on the right side. Diagnostic imaging studies include an MRI the lumbar spine dated 8/14/2014, which mentions T 12-019 mm disc herniated nucleus pulposus, retrolisthesis 3-4 above fusion L4-S1. Official radiological report was not available for review. Previous treatment includes lumbar fusion, epidural steroid injection, trigger point injections, medications and conservative treatment. A request was made for aquatic therapy for the lumbar spine X 12, and was not certified in the pre-authorization process on 9/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy (lumbar) X 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 OF 127.

Decision rationale: The MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records fails to document why the injured worker is unable to participate in land-based physical therapy. As such, Aqua therapy (lumbar) X 12 is not medically necessary.