

Case Number:	CM13-0030384		
Date Assigned:	02/13/2014	Date of Injury:	10/02/2006
Decision Date:	06/12/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine, and is licensed to practice in California. 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 patient is an employee of [REDACTED] who has submitted a claim of neck pain associated from an industrial injury date of October 2, 2006. Treatment to date has included cervical epidural steroid injection (10/29/12, 8/23/13), lumbar epidural steroid injection (undated), ice/heat application, and medications which include Soma and Ibuprofen. Medical records from 2012-2013 were reviewed, the latest of which dated October 2, 2013 revealed that the patient presents with pain located in the lower back. Pain is described as sharp, stabbing, burning, and constant. Pain radiates into the left buttock. Numbness, paresthesia and weakness are noted. On examination of the cervical spine, there was noted asymmetry of the neck and shoulders, with tilting of the head and neck to the left. On axial compression of the cervical spine, there is noted tenderness of the left trapezius muscle. There is noted facet tenderness on the left C5-6, C6-7. Range of motion is restricted in forward flexion to approximately 45 degrees, backward extension to approximately 45 degrees, right lateral tilt to approximately 30 degrees, left lateral tilt to approximately 30 degrees, right rotation to approximately 60 degrees, and left rotation to approximately 60 degrees. There is decreased upper extremity reflex with 1+ in the right biceps. Upper extremity sensation to light touch is diminished, over the C6 and C7 dermatomes. On examination of the thoracolumbar area, there is left paralumbar spasm 2+ with tenderness. The patient walks on the heels with difficulty due to pain. Atrophy is present in the quadriceps. Lateral bending to the right is 0-10 degrees, to the left is 20-30 degrees, pain limited. Straight leg raising test is positive at 40 degrees on the left. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes measure 1+ at the left knee. Sensation to light touch is decreased on the left and in the lateral thigh. Utilization review from September 17, 2013 denied the request for aquatic therapy for the cervical spine (6 sessions)

because there is no indication as to why the patient could not perform a land-based physical therapy program instead of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE CERVICAL SPINE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the Chronic Pain Medical Treatment Guidelines, aquatic physical therapy is recommended as an alternative to land-based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, aquatic therapy was requested for the neck pain. The provider stated that aquatic therapy would potentially provide additional benefit after a 50% improvement with cervical epidural steroid injection done last August 23, 2013. However, it is unclear whether the patient had previous land-based physical therapy sessions nor if there is a need for a reduced weight-bearing environment that cannot be addressed by land based therapy. Also, there was no documentation of musculoskeletal impairment that support the need for additional supervised rehabilitation; therefore, the request for Aquatic Therapy for the Cervical Spine (6 Sessions) is not medically necessary.