

Case Number:	CM13-0032844		
Date Assigned:	12/06/2013	Date of Injury:	07/09/2012
Decision Date:	08/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 59-year-old male who sustained a work related injury on July 9, 2012 as a result of his duties as a general laborer. The patient complains of constant moderate achy neck pain and stiffness, as well as severely achy, sharp upper to mid back pain and stiffness, as well as a complaint of moderate achy, sharp lower back pain, weakness and stiffness. Lastly, he complains of activity-dependent sharp right shoulder pain. All of this is causing him to lose sleep. On physical examination, the patient exhibits painful cervical flexion and extension maneuvering, tenderness to palpation and spasm of the cervical paravertebral muscles, bilateral trapezius. In the thoracic region, flexion and extension cause a dull ache and there is palpable tenderness and spasm of the paravertebral musculature and bilateral trapezius. The Kemp test causes pain bilaterally. In the lumbar region, there is pain of the left paravertebral musculature with tenderness to palpation and spasm over the paravertebral musculature and tenderness to palpation over the bilateral sacroiliac (SI) joints. His right shoulder examination reveals tenderness to palpation of the posterior shoulder with pain caused by both Speed's and Neer's testing with range of motion decreased and painful. An MRI of the cervical spine obtained on 06/06/2014 identifies multiple levels C3-C4; C6-T1 Broad based disc protrusion with annular tearing and C4-C6 mild circumferential endplate and uncovertebral osteophytes. A load bearing lumbar MRI dated May 28, 2014 only identifies an L4-S1 focal to diffuse disc extrusion with inferior migration and annular tear indenting the thecal sac. The spinal canal is compromised. Lateral recesses are narrow bilaterally with noted hypertrophy of the facet joints that is causing bilateral neural foraminal stenosis, and it encroaches the bilateral L4 exiting nerve roots. In dispute is a decision for Aqua therapy for the cervical, thoracic and lumbar spine 3x/week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the cervical, thoracic & lumbar spine (3 x wk x 6 wks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Aquatic therapy.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. A review of the above listed guidelines authorizes aquatic therapy in place of land based physical therapy. There may be advantages to weightless running in back pain recovery. A randomized controlled trial (RCT) concluded that water-based exercises produced better improvement in disability and quality of life of patients with chronic low back pain (CLBP) than land-based exercise. In both groups, statistically significant improvements were detected in all outcome measures. I find the request has merit in treating the patient's multiple musculoskeletal complaints and is medically necessary.