

Case Number:	CM13-0033533		
Date Assigned:	12/06/2013	Date of Injury:	12/06/2005
Decision Date:	12/03/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 39-year-old man with date of injury of 12/6/05. He is status post lumbar surgery on 1/3/13. He is being treated for diagnoses of severe degenerative disc disease of the cervical and thoracic spine with associated radiculopathy. He currently reports symptoms of neck and mid back and low back pain rated as 8/10 without pain medications. There is associated radiating numbness into bilateral upper and lower limbs. Pain medication includes Norco 10/325 3 times a day. He also takes gabapentin 600 mg 5 times a day and Robaxin. Physical examination is notable for decreased range of motion throughout all spinal segments with associated paraspinal tenderness. There is decreased sensation in the upper and lower limbs. 12 sessions of low impact exercise aqua therapy is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF AQUATIC THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99.

Decision rationale: The injured worker suffers from chronic pain from cervical, thoracic and lumbar degenerative disc disease causing radiating symptoms into the upper and lower limbs. Aqua therapy twice a week for 6 weeks is being requested for low impact exercise. MTUS guidelines recommends 8-10 visits of physical therapy over 4 weeks for the diagnosis of radiculitis. The request as stated exceeds MTUS guidelines is therefore not medically necessary.