

Case Number:	CM13-0036149		
Date Assigned:	12/13/2013	Date of Injury:	10/27/2011
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 female who reported an injury on 10/27/2011, which caused the patient to suffer a sprain of the neck and lumbar regions. The MRI of the cervical spine was performed on 10/11/2012, and an MRI of the lumbar spine was performed on 03/07/2013, however, there are no official reports from either of the two imaging studies. The patient has complaints of frequent episodes of intermediate moderate to severe neck/upper back, middle back, and low back pain with associated muscle spasms, with pain radiating into her shoulder blades, arms, buttocks, and hips, as well as occasionally into her bilateral lower extremities, with the right worse than the left. The pain is exacerbated with bending/stooping, prolonged sitting, prolonged standing, and walking. The patient has also had mild episodes of depression, anxiety, and insomnia secondary to her chronic musculoskeletal pain resulting from this industrial injury. The patient was most recently seen on 09/26/2013, where she continued to suffer from moderate to severe neck and upper back pain to also include her middle and low back. Objective findings noted the patient had 2+ tenderness with 1+ muscle spasms noted in the spinal "capitol," quadratus lumborum, and cervical/thoracic/lumbar paravertebral muscles bilaterally (right worse than left), with significantly decreased range of motion on flexion, extension, lateral bending bilaterally in the neck and back regions secondary to pain. There was also 1+ tenderness noted to deep palpation over the patient's right sacroiliac joint. She also had a positive straight leg raise and LasA`gue's test, eliciting sciatica/radicular pain distally into the patient's right leg and right foot. The physician is now requesting pool therapy 2-3 x week for 8 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2-3 x week for 8 weeks: 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 Aquatic therapy Page(s): 22.

Decision rationale: Under California MTUS, it states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable; for example, extreme obesity. Although the patient has been suffering from chronic spinal pain, there is nothing in the documentation stating that the patient is non-weight-bearing and cannot perform land-based physical therapy. Therefore, at this time, the medical necessity for aquatic therapy cannot be established. As such, the requested service is non-certified.