

Case Number:	CM13-0070889		
Date Assigned:	01/08/2014	Date of Injury:	06/02/2010
Decision Date:	06/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 a 46-year-old female with date of injury on 6/2/2010. The injury was sustained when she struck her head on a pallet. She was diagnosed with post-traumatic vascular-type headaches with cognitive dysfunction and dizziness as well as chronic myofascial pain syndrome at the cervical and thoracic spine, cervical radiculopathy, and right shoulder sprain. On 11/7/13 the patient complained of worsening episodes of dizziness associated with nausea. Anti-emetics were prescribed and she was taking Topamax for headache control. Trigger point injections were initiated for her neck and upper back pain with greater than 50% improvement. However, issues persisted with fatigue, concentration problems and ringing in her ears. The patient also noted feelings of depression, difficulty sleeping and problems concentrating. An examination demonstrated restricted cervical spine range of motion. Romberg's test was negative and she could perform tandem gait with her eyes closed. The patient appeared depressed. The treatment plan at that time was for vestibular exercises, medications, home stretching, deep-breathing meditation, and aquatic therapy for 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF AQUATIC THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Exercise Page(s): 22 & 47.

Decision rationale: The guidelines are clear about the role of exercise in treating chronic pain. However, they are clear that land based exercise should be adequate and the data for aquatic exercise seems to be best in patients with fibromyalgia. In this case, there is no clear documentation of a trial of land based exercise and no indication based on the patient's physical examination that she could not participate in land based exercises. Evidence that past treatment resulted in significant improvement was not presented and the 18 requested sessions exceeds guideline recommendations. Therefore this request is not medically necessary.