

Case Number:	CM14-0133269		
Date Assigned:	09/18/2014	Date of Injury:	08/20/2012
Decision Date:	11/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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, has a subspecialty in Interventional Spine, 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 25 years old female with an injury date on 08/20/2012. Based on the 07/18/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine sprain/strain 2. Lumbar spine sprain/strain with radicular complaints. MRI evidence of 2 mm L5-S1 disc bulge effacing the ventral thecal sac. According to this report, the patient complains of "pain in the neck with stiffness, radiating to shoulders bilaterally. Patient complains of intermittent moderate low back pain." Physical exam reveals tenderness over the cervical/ lumbar paravertebral muscles, trapezius muscles, thoraco-lumbar junction, and L5-S1 facets. Cervical distraction test is positive. Range of motion is restricted due to pain. The 06/13/2014 reports indicate the patient "finished physical therapy" and continues to complain of pain in the neck with stiffness and intermittent moderate low back pain. There were no other significant findings noted on this report. The utilization review denied the request on 08/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy - 8 treatments (Cervical and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS ; Chronic pain; Aquatic therapy Page(s): pages 22, 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to the 07/18/2014 report by [REDACTED] this patient presents with pain in the neck with stiffness, radiating to shoulders bilaterally and intermittent moderate low back pain. The treater is requesting aquatic therapy 8 treatments for the cervical and lumbar spine. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of reports from 02/07/2014 to 07/18/2014 shows the patient has completed 8 sessions of physical therapy; "decreased in pain by 5% after treatment." However, the treater does not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Given, the patient has had 8 sessions of physical therapy recently; the requested 8 sessions exceed what is allowed per MTUS and there is no discussion as to why the patient cannot continue to tolerate land-based therapy. Recommendation is for denial.