

Case Number:	CM14-0153656		
Date Assigned:	09/23/2014	Date of Injury:	12/12/2003
Decision Date:	12/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 64 year old with an injury date on 12/12/03. Patient complains of constant cervical pain and upper/lower back pain that is well controlled with current medications and trigger point injections per 8/26/14 report. Patient also has depression and anxiety, rated 7/10 per 8/26/14 report. Based on the 8/26/14 progress report provided by [REDACTED] the diagnoses are: 1. Chronic Myofascial Pain Syndrome, cervical and thoracolumbar spine. 2. Mild to Moderate Right L5 and mild left L5 radiculopathy. 3. NSAIDs-induced gastritis. Exam on 8/26/14 showed "range of motion of L-spine restricted in all planes; could not perform heel-toe walk." Patient's treatment history includes medication (Prilosec, Naproxen, and Hydrocodone/APAP), trigger point injections. [REDACTED] is requesting aquatic therapy. The utilization review determination being challenged is dated 9/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/14/14 to 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with neck pain, upper/lower back pain. The provider has asked for Aquatic Therapy on 8/26/14. Reviews of the reports do not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "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." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of extreme obesity or need for reduced weight-bearing exercises. Furthermore, the request does not include a specified number of aqua therapy sessions. Therefore this request is not medically necessary.