

<b>Case Number:</b>	CM14-0154953		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 50-year-old male with date of injury of 05/27/2009. The listed diagnoses per [REDACTED] from 06/10/2014 are: 1. Cervical strain. 2. Degenerative disk disease of the cervical spine. 3. Multilevel disk herniation of the cervical spine. 4. Radiculitis of the left upper extremity. 5. Bilateral shoulder impingement syndrome. 6. Bilateral shoulder AC joint synovitis. 7. Rule out carpal tunnel syndrome. 8. Low back pain. 9. Herniated disk lumbar spine. 10. Radiculitis of the left lower extremity on L4 nerve root distribution. 11. High cholesterol and high glucose. According to this report, the patient complains of a recent flare-up of his lower back. He states the pain is moderate to severe, constant in nature, and is a dull, achy pain. The patient notes that the pain is severe enough that needed to use his cane. The examination shows the patient's gait is antalgic and uses a cane for ambulation. There is positive tenderness in the paralumbar musculature. Negative tenderness in the parathoracic musculature. Positive tenderness in the posterior superior iliac spine region. Muscle spasms present in the paralumbar musculature. Motor testing is 5/5 in all muscle groups of the lower extremities. Walking on tiptoes is performed without difficulty. Straight leg raise is negative bilaterally. There is diminished sensation noted at L4-L5 nerve root distribution on the left side. The utilization review denied the request on 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 18 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 53.

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

**Decision rationale:** This patient presents with low back pain. The treater is requesting 18 sessions of aqua therapy. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The 06/04/2014 report notes, "He is having a favorable response to his current physical therapy and acupuncture... He states that the therapy and acupuncture give him both functional improvement and pain relief. He is also noting marked relief with aqua therapy as well." The 256 pages of records do not show any aqua therapy reports to verify how many treatments the patient has received and with what results. It appears that the treater went ahead and authorized the aqua therapy before utilization denied the request on 08/18/2014. The patient does not appear to be obese or postoperative or have any weight-bearing issues. The treater does not discuss why land-based therapy is not tolerated. Furthermore, the requested 18 sessions exceed MTUS Guidelines. The request is not medically necessary.

**ACUPUNCTURE 18 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with low back pain. The treater is requesting 18 sessions of acupuncture. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The 06/04/2014 report notes that the patient is having a favorable response including functional improvement and pain relief with his current acupuncture treatment. The 07/24/2013 report notes, "He states he is doing well currently as he is undergoing a course of acupuncture which he feels is providing relief." The records do not show any acupuncture therapy reports to verify the number of treatments the patient has received thus far. In this case, while the patient has received some acupuncture therapy sessions with benefit, the records do not show that the patient's functional level is not documented and reduced dependence on medical treatments such as medication reduction. The treater continued prescribing medications including Tramadol for chronic pain following his request for acupuncture treatments. The request is not medically necessary.

