

Case Number:	CM14-0020118		
Date Assigned:	04/25/2014	Date of Injury:	05/29/2006
Decision Date:	07/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine and is licensed to practice in California.

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 an employee of the [REDACTED] and has submitted a claim for headache, pain in the neck, lower back and left leg, associated with an industrial injury date of May 29, 2006. Treatment to date has included physical therapy, home exercise program, and medications which include Maxalt, Toradol injections, TheraCane, and Celebrex. Medical records from 2013-2014 were reviewed the latest of which dated April 2, 2014 which revealed that the patient reports significant increase in pain. After participating in a fitness training last March 3-4, 2014, there was a dramatic increase in his pain. He has pain in the back radiating into the buttocks and thighs. On physical examination, there was moderate tenderness in the lumbar spine and slight tenderness in the cervical area. Active voluntary range of motion of the cervical spine was normal, however, he experienced some slight neck pain at the extremes of motion. Range of motion of the thoracolumbar spine showed that the patient could only forward flex to approximately 20 degrees and extend to 5-10 degrees before stopping to complain of back pain. Lateral bending was also limited significantly to approximately 5 degrees before the patient stopped to complain pain. Motor testing and sensory exam were normal. MRI of the lumbar spine done April 15, 2014, revealed a 9mm left paracentral disc extrusion at L5-S1 and posterior to the S1 vertebral body. This displaces but does not compress the traversing S1 nerve root. Moderate bilateral foraminal stenosis at this level. Degenerative changes at L4-5 causing mild right and moderate left foraminal stenosis. Utilization review from February 13, 2014 denied the request for aquatic physical therapy, 2-3 times a week for 4 weeks, for the cervical and lumbar spine because the current significant deficits directed to the cervical and lumbar spine is not outlined, and there is limited evidence of exacerbation, re-injury, or significant progress of symptoms that necessitate additional skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY, 2-3 TIMES A WEEK FOR 4 WEEKS, FOR THE CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the Chronic Pain Medical Treatment Guidelines, aquatic physical therapy is recommended as an alternative to land based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, aquatic therapy was requested for the neck and low back pain. The clinical evaluation indicates a recent exacerbation of pain due to fitness training. The provider stated that aquatic therapy would potentially provide benefit which will allow simultaneous strengthening of the entire spine. However, on physical examination, there was neither documentation of musculoskeletal impairment that supports the need for additional supervised rehabilitation nor if there was a need for a reduced weight bearing environment that cannot be addressed by land based therapy. The exact form of exercise during fitness training that the patient performed resulting to pain exacerbation is likewise not documented. This is significant to establish the need for aquatic therapy. Therefore, the request for aquatic physical therapy, 2-3 times a week for 4 weeks, for the cervical and lumbar spine is not medically necessary.