

Case Number:	CM14-0021423		
Date Assigned:	05/07/2014	Date of Injury:	02/21/2011
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/20/2014

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 and Pain Management, 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 51 year-old male who was injured on 2/21/2011. He has been diagnosed with severe lumbar spinal canal stenosis L4/5 and foraminal stenosis at L5/S1; and cervical strain/sprain. According to the 12/16/13 orthopedic report from [REDACTED], the patient presents with constant 6/10 neck pain with bilateral arms and hand tingling; constant 8/10 low back pain with radiation down both legs to the ankle. The patient went to the ER on 12/9/13 to get a toradol injection for severe LBP. She has an antalgic gait and uses a cane. [REDACTED] recommended aquatic therapy. On 1/22/14 UR denied aquatic therapy 2x6 for the cervical spine and aquatic therapy 2x6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY TWO TIMES FOR SIX WEEKS FOR THE CERVICAL SPINE: 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 Page(s): 22, 98-99.

Decision rationale: According to the 12/16/13 orthopedic report from [REDACTED], the patient presents with constant 6/10 neck pain with bilateral arms and hand tingling; constant 8/10 low back pain with radiation down both legs to the ankle. I have been asked to review for aquatic therapy 2x6 for the cervical spine. MTUS guidelines recommend aquatic therapy as an option where reduced weight bearing is desirable. MTUS states for the specific number of supervised visits, to see the section on Physical Medicine. MTUS for Physical Medicine states 8-10 sessions are appropriate for various myalgias or neuralgias. The request for 12 sessions will exceed the MTUS recommendations.

AQUATIC PHYSICAL THERAPY TWO TIMES FOR SIX WEEKS FOR THE LUMBAR SPINE: 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 Page(s): 22, 98-99.

Decision rationale: According to the 12/16/13 orthopedic report from [REDACTED], the patient presents with constant 6/10 neck pain with bilateral arms and hand tingling; constant 8/10 low back pain with radiation down both legs to the ankle. I have been asked to review for aquatic therapy 2x6 for the lumbar spine. MTUS guidelines recommend aquatic therapy as an option where reduced weight bearing is desirable. MTUS states for the specific number of supervised visits, to see the section on Physical Medicine. MTUS for Physical Medicine states 8-10 sessions are appropriate for various myalgias or neuralgias. The request for 12 sessions will exceed the MTUS recommendations.