

Case Number:	CM14-0030581		
Date Assigned:	06/20/2014	Date of Injury:	09/28/2012
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old male who sustained multiple injuries secondary to motor vehicle accident on 09/28/12. He complains of frequent neck, upper and lower back pain. The injured worker is diagnosed with occipital neuralgia, chronic myofascial pain syndrome and lumbosacral radiculopathy versus peripheral diabetic neuropathy. A medical record dated 02/03/14 notes that the injured worker noticed significant relief from headaches with occipital nerve blocks. Objective findings on this date revealed range of motion of the cervical and lumbar spine was slightly restricted in all planes; multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles, as well as in the gluteal muscles. Neck compression test was positive; Romberg was also positive. The injured worker could tandem gait with eyes open, but not with eyes closed. He could not perform heel-gait. Sensation was decreased in the bilateral legs down to mid-calf area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xWk x 6Wks Neck, Upper, and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck and Upper Back/ Low Back Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back; Low Back, Physical therapy (PT); Aquatic therapy.

Decision rationale: The guidelines state that aquatic therapy may be recommended as an optional form of exercise therapy as an alternative to land-based therapy if there is a need for reduced weight-bearing. In this case, there is no rationale as to why the injured worker cannot perform land-based therapy. The records indicate that the injured worker has previously participated in physical therapy; however, there is no comprehensive history of the total number of physical therapy visits completed to date, modalities used and response to treatment. However, the request for 12 therapy visits, in addition to unspecified number of previously completed therapy sessions, exceeds the guidelines for this injury. There is no documentation of exceptional factors that would support the need for therapy that exceeds the guidelines either in duration or number of visits. Based on the clinical information provided, the request for aquatic therapy for the neck, upper and low back is not medically necessary.