

Case Number:	CM14-0038976		
Date Assigned:	06/27/2014	Date of Injury:	05/12/2009
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

This is a 52-year-old female who sustained injury on 11/19/2012 during MVA. Treatment history includes physical therapy, medications, cervical collar, massage, and lumbar support. Surgical history includes cervical fusion and lumbar fusion. A progress report dated 03/04/2014 indicates that patient complains of constant neck pain, rated 6/10 and reports clenching of her jaw. She also complained of constant low back pain, rated 7/10, with associated burning sensation. Her current medications include Norco and Neurontin. She was also attending massage therapy. Physical exam includes cervical spine revealed mild paraspinal spasms and tenderness. There was also parascapular tenderness on the right side. Examination of the lumbar spine revealed paraspinal spasms and tenderness. SLR test was negative. Sciatic notch tenderness was positive. There was also tenderness over the trochanteric bursa. Motor exam was grossly intact. Calves are soft and nontender. X-rays of the lumbar spine showed instrumentation to be intact and in good position. She was diagnosed with solid status post anterior cervical decompression and fusion at C5-6 and C6-7 with iliac crest bone graft on 11/19/2012. L5-S1 HNP with disc height collapse, anterior and posterior disc herniation and foraminal stenosis with lower extremity radiculopathy. Status post lumbar fusion and posterior decompression at L5-S1 with bilateral lower extremity radiculopathy. A UR dated 03/13/2014 indicates that the request for aquatic therapy to cervical and lumbar spine is non-certified since the IW has already had adequate course of similar therapy without documented sustained functional improvement and without new hard clinical indications for need for additional therapy according to MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Cervical and Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22 Page(s): 22.

Decision rationale: According to CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, such as for extreme obesity. There is no indication the patient requires reduced weight-bearing. In addition, there is no documentation of improvement in pain and function with prior therapy. Furthermore, at this juncture she should be well versed in independent home exercise program. Therefore, the medical necessity of the request is not established.