

<b>Case Number:</b>	CM14-0045549		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/20/1996
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 9/20/1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/5/214, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated cervical spine; positive pair spinous muscle spasm noted bilaterally, tenderness noted in the paravertebral area pump palpation, decreased sensation bilaterally along the C5-C7 dermatome, lumbar spine positive tenderness to palpation bilaterally at paravertebral area of L4-S1, bilateral paraspinal muscle spasm, pain increase with flexion/extension. Facet signs were present bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for aquatic therapy sessions, #8, Neurontin 300 mg, #60, and was not certified in the pre-authorization process on 3/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Aquatic Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** 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, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical records provided, it is difficult to determine the need for Aqua therapy for the injured worker. There are no circumstances such as extreme obesity, inability to bear weight, or recent surgery to explain the necessity of aquatic therapy versus a land-based physical therapy. Therefore, the request of eight (8) Aquatic Therapy Sessions is not medically necessary and appropriate.

**Neurontin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Neurontin 300mg #60 is not medically necessary and appropriate.