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| Case Number: | CM14-0045647 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/27/2007 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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:

According to the records made available for review, this is a 53-year-old male with a 8/27/07 date of injury. At the time (3/4/14) of the Decision for Aquatic therapy treatment to the cervical and lumbar spine for 6 sessions 2 times a week for 3 weeks, there is documentation of subjective (low back pain and increased neck pain and stiffness) and objective (decreased cervical and lumbar range of motion, positive bilateral straight leg raising test, and muscle spasm in the right paracervical muscle) findings, current diagnoses (cervical spine strain, multi level cervical spine protrusion, lumbar strain, and multi level lumbar disc protrusion), and treatment to date (medications and previous aquatic therapy treatments). The number of previous aquatic therapy treatments cannot be determined. In addition, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of aquatic therapy treatments provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TREATMENT TO THE CERVICAL AND LUMBAR SPINE FOR 6 SESSIONS 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): Page 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of lumbar sprains and strains. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain, multi level cervical spine protrusion, lumbar strain, and multi level lumbar disc protrusion. In addition, there is documentation of previous aquatic therapy treatments. However, In addition, there is no documentation of the number of previous aquatic therapy treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). . Furthermore, given documentation of previous aquatic therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of aquatic therapy treatments provided to date. Therefore, based on guidelines and a review of the evidence, the request for Aquatic therapy treatment to the cervical and lumbar spine for 6 sessions 2 times a week for 3 weeks is not medically necessary.