

Case Number:	CM14-0067021		
Date Assigned:	07/11/2014	Date of Injury:	10/12/2010
Decision Date:	09/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of October 12, 2010. A utilization review determination dated May 1, 2014 recommends noncertification of aquatic therapy for the cervical and lumbar spine. A physical therapy report dated April 10, 2014 indicates that the patient has completed 13 therapy sessions since February 27, 2014. The note identifies some improvement in cervical spine flexion, some regression in cervical spine side bending, some regression in lumbar spine flexion, some regression in lumbar spine side bending, some regression in strength, and some improvement in sitting tolerance. A progress report dated March 14, 2014 indicates that the patient has subjective complaints of worsening neck and low back pain. The note indicates that she is unable to manage her pain with at-home exercises and heat and ice. Physical examination reveals mild reduction in range of motion of the cervical spine. There is tenderness to palpation over the paravertebral muscles. Neurologic and motor examinations are normal. Diagnoses include status post L5-S1 laminectomy performed in February 2011, cervical trapezius musculoligamentous sprain/strain. The treatment plan recommends continuing Norco and instruction in home exercises. A urine toxicology report dated February 17, 2014 is negative for all substances except Tramadol. A progress report dated February 18, 2014 includes a treatment plan recommending Gabapentin, Tramadol, topical medication, and Sonata. It appears that pool therapy is also recommended. A urine toxicology report dated January 9, 2014 is positive for Hydrocodone and Tylenol. A progress report dated January 3, 2014 includes recommendations of continuing Gabapentin and Tramadol. A progress report dated November 1, 2013 identifies Tramadol as the prescribed medication. A urine toxicology report dated September 20, 2013 is positive for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Aquatic therapy for the cervical and lumbar spine, 6 sessions (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22, 98-99 of 127 Page(s): 22, 98-99 OF 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.