

Case Number:	CM14-0087817		
Date Assigned:	07/23/2014	Date of Injury:	08/21/2007
Decision Date:	12/31/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Occupational Medicine 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 provided documents, this is a 59-year-old woman who was injured 8/21/07. She worked as a construction worker and slipped and fell backwards on the ground striking her lower back. Initial treatment included anti-inflammatories and PT without benefit. She has been seeing the current provider for several years and has not returned back to work due to chronic neck and lower back pain. She has had acupuncture as well as cervical and lumbar epidural steroid injections. She also seen a psychologist for anxiety and depression. There is mention of weight gain secondary to medications but the patient actually did not weigh herself. She is treated with Kadian ER and Quetiapine. The disputed treatment request is aquatic therapy times 12 sessions to the neck and back which was addressed in a utilization review determination letter of 5/30/14. The request was made in a utilization review treatment appeal of 5/7/14. This was submitted in response to previous denial. This report indicates that when the patient has increased pain she lies down. She says exercise is difficult but she tries to watch her diet. There is ongoing neck and low back pain, cervicogenic type headaches. The low back pain sometimes radiates into the lower extremities with some numbness and tingling. There is worsening weakness in the hands and she drops things frequently. This has been occurring for 2 years. The exam says the patient appears slightly overweight for her height but actual height and weight is not mentioned. In the neck there is tenderness to palpation with significant limited range of motion. There is occipital tenderness. In the lower back there is tenderness over the lower lumbar paraspinal muscles with evidence of mild muscle spasms limited range of motion. No neurologic deficits were noted and the report stated she ambulated without a cane. Past MRIs of the lumbar spine and cervical spine were reviewed. There are no diagnoses listed in this report. In the discussion it states that the patient has musculoskeletal impairment with tenderness. Due to the musculoskeletal pain as a result of the spasm she is not able to perform land-based exercises. The exercises would increase

her musculoskeletal pain rather than relieving it. The report notes that MTUS guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable for example extreme obesity and the patient wants to undergo aquatic therapy to reduce her weight. There is however no indication this patient has extreme obesity and the physical examination did not describe the patient as being obese, only slightly overweight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x 12 sessions for the Neck and Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The documentation does not establish that this patient has a condition that limits weight bearing or that there is a condition where reduced weight bearing is desirable. The argument that at the present time the patient gets some muscle spasms with land-based exercise does not preclude formal land-based physical therapy. The physical therapist can use a variety of modalities and techniques to avoid precipitating muscle spasm and should be able to then instruct and transition the patient to an independent land-based home exercise program. This would greatly enhance the patient's ability to then continue independent rehabilitation. The medical necessity for an entirely Aqua-based course of physical therapy is not established by the evidence. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.