

Case Number:	CM14-0089998		
Date Assigned:	09/10/2014	Date of Injury:	03/18/2014
Decision Date:	10/14/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 Preventive 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 records made available for review, this is a 55-year-old male with a 3/18/14 date of injury. At the time (4/25/14) of request for authorization for aquatic therapy 2 x 6 week-cervical and thoracolumbar, there is documentation of subjective (constant neck pain, upper back pain, and lower back pain radiating to the bilateral lower extremities with numbness) and objective (decreased cervical and lumbar range of motion, multiple trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, positive cervical compression test, and decreased sensation in the right buttocks and the posterior and lateral aspects of the right thigh) findings, current diagnoses (myoligamentous injury of the cervical and thoracolumbar spine, and pain and numbness of the bilateral lower extremities, most likely due to lumbosacral radiculopathy), and treatment to date (medications, physical therapy, and lumbar support). There is no documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for six weeks for the cervical and thoracolumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines neck & Upper Back, Physical Therapy Guidelines, Low back

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 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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), as criteria necessary to support the medical necessity of aquatic therapy. 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-Definitions 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. The Official Disability Guidelines (ODG) identifies visits for up to 10 visits over 8 weeks in the management of cervical and lumbar intervertebral disc disorders. 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 (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of myoligamentous injury of the cervical and thoracolumbar spine, and pain and numbness of the bilateral lower extremities, most likely due to lumbosacral radiculopathy. However, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy twice a week for six weeks for the cervical and thoracolumbar is not medically necessary.