MAXIMUS Federal Services

Case Number:	CM14-0099118		
Date Assigned:	09/23/2014	Date of Injury:	06/11/2003
Decision Date:	12/04/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The patient is a 67 year old mail with date of injury of 06/11/2003.The listed diagnoses per [redacted] from 04/17/2014 are:1. Status post previous anterior cervical discectomy and fusion with iliac crest bone grafting and plate fixation C4 to C6 from 02/25/2004 with subsequence non-union.2. Status post revision posterior fusion with instrumentation C4-C6 from 03/29/2005.3. Status post anterior plate removal, exploration of fusion C4-C6 and anterior interbody fusion C3-C4 with instrumentation from 02/28/2006.According to this report the patient complains of low back pain that is worse with prolonged activity. His pain improves with rest and medication. The examination shows the patient has difficulty walking. He has difficulty changing positions and getting into the exam table. The motion is restricted and does cause painful symptoms. There is guarding with motion. Muscle spasms present. Gait is antalgic. The patient received a trigger point injection x 4 into the sacroiliac distribution on this report. The documents include progress reports from 01/03/2014 to 04/17/2014. The utilization review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic Therapy Sessions 3x/wk x 6 wks CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; aqua therapy Page(s): 98-99;22.

Decision rationale: The patient presents with low back pain. The treater is requesting 18 aquatic therapy sessions three times per week times six weeks for the cervical spine. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS page 98 and 99 physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The 04/17/2014 report notes that the treater is requesting 18 aquatic sessions for the lumbar spine for restoring range of motion, activity tolerance and strengthening. In this case, while the patient reports difficulty walking, he does not present with any weight bearing issues and the treater does not discuss it either. The request for 18 sessions also exceed what is allowed by MTUS for this type of condition. Recommendation is for denial.