

Case Number:	CM14-0196566		
Date Assigned:	12/04/2014	Date of Injury:	06/03/2014
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family 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:

This is a 29 year old male injured worker who sustained a work related injury on 6/3/14. He sustained the injury in a motor vehicle accident. The current diagnoses include sprain of the lumbar and cervical and shoulder region and sciatica. Per the doctor's note dated 10/21/14, injured worker has complaints of low back pain radiating into both legs, mid back pain, neck pain and right shoulder pain. Physical examination revealed normal gait, 5/5 strength, normal sensation, negative SLR, limited range of motion of the thoracolumbar spine, able to forward flex to 45 degrees and extend to 10 degrees before experiencing low back pain, bilateral lateral bending was limited to 15 degrees, tenderness in the paracervical muscle, active voluntary range of motion of the cervical spine that the injured worker had a full range of neck motion with slight pain at the extremes of motion. The current medication lists include Norco, Flexeril, Ibuprofen, and Prednisolone. The MRI of the lumbar spine dated 08/24/14 that revealed cauda equina nerve. Rootlets and conus which was located at T12-L1, at L4-L5, small lateral disc bulges, left greater than right, with mild lateral recess and foraminal narrowing, but no nerve root impingement, at L5-S1, subtle posterior degenerative annular bulging of less than 2 mm without a central or peripheral stenosis. Any surgical or procedure note related to this injury were not specified in the records provided. The injured worker has received an unspecified number of the PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for Both Lumbar and Cervical Spine at 2 Times a Week for 4 Weeks:
Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per MTUS guidelines, aquatic therapy is, "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the injured worker. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Injured worker has received an unspecified number of physical therapy and chiropractic visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this injured worker. As per cited guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Aquatic Therapy for Both Lumbar and Cervical Spine at 2 Times a Week for 4 Weeks is not fully established; therefore, the request is not medically necessary.