

<b>Case Number:</b>	CM14-0063402		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/02/2001
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 injured worker has a date of injury of 5/2/01. Treatment diagnoses include chronic neck pain with radiculopathy and chronic hip pain. There is a history of cervical fusion and left hip surgery. The patient complains of pain in the posterior neck and upper back regions; also in the left hip. Examination reveals impaired cervical range of motion secondary to pain and muscle tenderness. Pain medication regimen has included Butrans and is Nucynta. Home modalities include heat, pool/Jacuzzi. Request is being made for aquatic physical therapy for health club membership with a personal trainer to maintain health related quality of life and MRI of the cervical spine to evaluate radiating neck pain, swelling and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, aquatic therapy or a health club membership with a personal trainer:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines physical medicine, aquatic therapy  
Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 98-99 and 22.

**Decision rationale:** The injured worker presents with chronic nonspecific cervical neck pain and associated upper limb myalgias. With regards to aquatic therapy, MTUS guidelines recommendations this as an alternative to land-based physical therapy where reduced weightbearing is desirable. Physical therapy is recommended for myalgias for 9 of 10 visits over 8 weeks. The request does not provide adequate clinical guidelines for duration or intensity of physical therapy nor has the need for reduced weightbearing exercise been established. The request as stated is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, cervical spine chapter, special studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**Decision rationale:** The injured worker presents with chronic nonspecific cervical neck pain and associated upper limb myalgias. There are no red flag findings demonstrated in the medical records. In the absence of red flag findings MTUS guidelines does not recommend diagnostic testing for diffuse pain secondary to regional neck pain. The request for cervical spine MRI is not medically necessary.