MAXIMUS Federal Services

Case Number:	CM14-0071578		
Date Assigned:	11/19/2014	Date of Injury:	03/30/2010
Decision Date:	01/07/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/17/2014

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 Interventional Spine 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 55 year old male with an injury date of 03/30/10. Based on the 04/01/14 progress report, the patient complains of constant pain in his neck, upper back, and lower back. He rates his pain as a 6-8/10 with medications. In regards to his lumbar and cervical spine, his range of motion is restricted in all planes. "There were multiple myofascial trigger points and taut bands throughout the cervical paravertebral, trapezius, levator scapulae, scalene, infraspinatus, thoracic, and lumbar paravertebral musculature, as well as in the gluteal muscles." The patient was unable to perform the heel-toe gait with his left leg. No further positive exam findings were provided. The patient's diagnoses include the following: 1. Status post-surgical decompression of lumbar spine at the L3-4, L4-5, and L5-S1 levels on 08/07/12; 2. Moderate bilateral L5 radiculopathy and mild bilateral S1 radiculopathy; 3. Left C5 radiculopathy; 4. Chronic myofascial pain syndrome, cervical and thoracolumbar spine; 5. Status post removal of hardware from lumbar spine 07/16/13. The utilization review determination being challenged is dated 05/14/14. Treatment reports were provided from 02/25/14- 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy exercises, Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back, Thoracic and Lumbar-Aquatic therapy

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

Decision rationale: According to the 04/01/14 report, the patient presents with constant neck pain, upper back pain, and lower back pain. The request is for Aquatic Therapy Exercises, Quantity 12. Review of the reports does not indicate that the patient had any prior aquatic therapy. MTUS guidelines page 22 states that 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." In this case, there is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mention if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. There is no discussion regarding treatment history as well to determine how the patient has responded in the past. Recommendation is that the request is not medically necessary.