

Case Number:	CM14-0080231		
Date Assigned:	07/18/2014	Date of Injury:	09/25/1997
Decision Date:	03/05/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female sustained an injury on September 25, 1997. The mechanism of injury was not included in the provided medical records. Diagnoses included cervical and lumbar stenosis. Past treatment included trigger point injections and medications, including steroidal and non-steroidal anti-inflammatories, proton pump inhibitor, and muscle relaxant medications. On March 12, 2014, the treating physician noted moderate spasms at the base of the neck. The physical exam revealed a couple of trigger points in the base of the cervical area. There was a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to pressure against the band. The treating physician noted the injured worker had developed a myofascial pain syndrome with a direct relationship between the specific trigger points and its associated pain region. The cervical spine active range of motion was guarded and moderately painful at the extremes of motion. The upper extremities motor and sensory exams were normal, with decreased to absent biceps, triceps, and brachialis reflexes and no pathologic reflexes. The upper extremities had full range of motion without pain of all major joints. The treating physician noted x-rays had revealed advanced cervical spondylosis. The injured worker underwent trigger point steroid injection. The physician recommended aquatic therapy for the cervical spine as well as a separate injury to the lumbar spine. The injured worker was retired. On April 23, 2014, the treating physician noted a recent increase in neck pain and muscle spasms, and the trigger point injections given seemed to help her symptoms. The physical exam revealed tenderness to palpation and spasm of the cervical paraspinal musculature bilaterally. The remainder of the physical exam was unchanged from the prior visit.

Cervical spine x-rays were obtained and revealed no significant changes from the prior x-rays. The injured worker underwent trigger point steroid injection. There was no recent lumbar exam in the provided medical records. On May 1, 2014, Utilization Review non-certified a prescription for 12 visits (2 times a week for 6 weeks) of aquatic therapy for the cervical and lumbar spine requested on April 17, 2014. The aquatic therapy was non-certified based on the lack of indication that the injured worker cannot undergo land-based therapy, and it was unclear why decreased weight bearing was needed for the cervical spine. There was no documentation of a current lumbar spine exam, and functional limits in cervical active range of motion were not objectively documented through degrees of motion. There was no documentation of functional response to any prior physical therapy or aquatic therapy since the injury in 1997. In addition, the requested 12 sessions of aquatic therapy exceeds the guideline recommendations of up to 10 sessions. The California Medical Treatment Utilization Schedule (MTUS) for Neck and Upper Back Complaints, Low Back Complaints and Chronic Pain Medical Treatment Guidelines for Aquatic Therapy were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x Week x 6 Weeks Cervical/Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with low back pain and cervical spine pain. The request is for AQUATIC THERAPY 2 TIMES A WEEK FOR 6 WEEKS for the cervical/lumbar spine. Review of the reports does not indicate if the patient has had any prior aquatic therapy sessions. MTUS Guidelines page 22, Chronic Pain Medical Treatment 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 weightbearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. It does not appear that the patient has had any prior aquatic therapy sessions. In this case, there is no discussion provided as to why the patient needs aquatic therapy and could not 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. Furthermore,

the treater is requesting for 12 sessions of aquatic therapy, which exceeds what is allowed by MTUS Guidelines. The requested aquatic therapy IS NOT medically necessary.