

Case Number:	CM15-0107424		
Date Assigned:	06/11/2015	Date of Injury:	04/16/2012
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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:

The injured worker is a 34 year old male who sustained an industrial injury on 04/16/2012. Mechanism of injury was not documented. Diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis, disc protrusions per Magnetic Resonance Imaging dated 12/19/2012, thoracic spine musculoligamentous strain/sprain, myofascial pain syndrome, lumbar disc extrusion, radiculitis, exacerbation of symptoms, bilateral shoulder strain/sprain, bilateral periscapular tendinitis, sexual dysfunction, sleep disturbance secondary to pain and depression, situational. Treatment to date has included diagnostic studies, biofeedback sessions, microdiskectomy and decompression at L5-S1 and post-operative physical therapy, and acupuncture. The most recent physician progress note dated 05/13/2015 documents the injured worker complains of neck, mid/upper back, and lower back and bilateral shoulder pain. On a scale of 0-10 with 10 representing the worst, his pain in the neck and right shoulder is rated 6 out of 10 per the Visual Analog Scale, which has decreased from 8 out of 10 on the last visit; 6 out of 10 in the mid/upper back which has decreased from 7 out of 10 on the last visit; 7 out of 10 in the lower back which has decreased from 8 out of 10 on the last visit; and 7 out of 10 in the left shoulder which has decreased from 9 out of 10 on the last visit. His cervical spine is tender and there is restricted range of motion. Cervical compression test is positive. The thoracic spine is tender and there is restricted range of motion present. The lumbar spine is tender, there is restricted range of motion, and straight leg raise is positive bilaterally. His bilateral shoulders are tender to palpation, there is restricted range of motion, and supraspinatus test is positive. The treatment plan is for continuation of acupuncture therapy to the cervical, thoracic and lumbar

spine and bilateral shoulders, hypnotherapy, prescription for Tramadol, urine toxicology and pending consultation with a spine surgeon and extracorporeal shockwave therapy of the left shoulder. Treatment requested is for pool therapy 3X6 weeks lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 3x6 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine, Physical medicine guidelines.

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

Decision rationale: This patient presents with chronic low back pain, neck and bilateral shoulder pain. The current request is for Pool therapy 3X6 weeks lumbar. The RFA is dated 05/14/15. Treatment to date has included diagnostic studies, biofeedback sessions, microdiscectomy and decompression at L5-S1 (date of surgery not indicated), post-operative physical therapy, medications and acupuncture. 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 effect of gravity, so it is specifically recommended where reduced weight bearing 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 Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." The most recent progress note dated 05/13/2015 documents the patient complains of neck, mid/upper back, lower back, and bilateral shoulder pain. His cervical spine is tender and there is restricted range of motion. Cervical compression test is positive. The lumbar spine is tender and there is restricted range of motion and straight leg raise is positive bilaterally. The Utilization reviewer made peer contact and the treating physician recommended aqua therapy as the patient is taking walks outside and he is "afraid since he doesn't think he can defend himself" and therefore the physician thinks pool therapy "may be a good idea." In this case, weight bearing restrictions or extreme obesity is not indicated, as required by MTUS for aqua therapy. Furthermore, the requested 18 sessions exceeds MTUS guidelines indicating a maximum of 10 sessions. Therefore, this request IS NOT medically necessary.