

Case Number:	CM15-0162357		
Date Assigned:	08/28/2015	Date of Injury:	05/04/2004
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 5-4-2004. Diagnoses have included cervical disc disorder, cervical facet syndrome, post-cervical laminectomy syndrome and mood disorder. Treatment to date has included psychotherapy and medication. According to the progress report dated 8-6-2015, the injured worker rated his pain without medications as eight out of ten and with medications as five out of ten. He appeared to be depressed, fatigued and in mild pain. He was wearing a hard cervical collar. Exam of the thoracic spine revealed tenderness of the paravertebral muscles. Authorization was requested for 12 sessions of aqua therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x 12 Sessions Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical

Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work-related injury in May 2004 and is being treated for chronic neck pain. He underwent a cervical fusion in May 2014. When seen, he was wearing a cervical collar and using a cane. His BMI was over 37. There was an antalgic gait. There was thoracic tenderness. The cervical spine examination was deferred. Aqua therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, although the claimant is obese, treatment for the cervical spine is being requested and there is no co-morbid condition that would be expected to limit his ability to participate in conventional therapy treatments. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary for this reason as well. Therefore, the request is not medically necessary.