MAXIMUS Federal Services

Case Number:	CM15-0191216		
Date Assigned:	10/05/2015	Date of Injury:	03/14/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 53-year-old male, who sustained an industrial injury on 3-14-2012. The injured worker was being treated for cervical disc herniation, L5-S1 PLIF on 10-22-2013 with residual, status post failed spinal cord stimulator trial 9-04-2014, status post left L5-S1 microdiscectomy in 6-2009, left knee acute myoligamentous injury, medication induced gastritis, intrathecal pump placement on 1-29-2015, and sexual dysfunction due to opiate use. Treatment to date has included diagnostics, lumbar spinal surgery, physical therapy, acupuncture, and medications. Currently (8-24-2015), the injured worker complains of "significant loss of function and muscle spasms in his low back to lower extremities" and "neck pain with associated cervicogenic headaches", rated 7 out of 10 (rated 8-9 out of 10 on 7-27-2015). It was documented that cervical magnetic resonance imaging showed "abnormalities including a 3-mm disc bulge with left neural foraminal carrowing at C6-7". He reported that he was working on cutting back on the amount of pain medication that he takes, noting that he able to wean off Norco. Current medication use for pain included Roxicodone, Neurontin, Anaprox, Ultracet, Imitrex, and use of intrathecal infusion pump (Morphine 6.4mg per day and Bupivacaine 6.4mg per day). His height was 6 feet tall and weight was 200 pounds. Exam of the cervical spine noted tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points, decreased range of motion, strength 5 of 5, and decreased sensation bilaterally in the posterior medial aspect of the arms and on the lateral aspect of the left arm. Exam of the lumbar spine noted the ability to stand erect with normal posture, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, trigger points and taut bands

throughout, decreased range of motion, right Achilles reflex -1, strength 5 of 5, and decreased sensation along the posterior thigh and calf, patchy sensation mostly on the right medial scapular upper thoracic region, and positive left straight leg raise. His work status was permanent and stationary. The treatment plan included aquatic therapy, 2x6, non-certified by Utilization Review on 9-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatherapy is in question for this injured worker for chronic pain. Per the 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 weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aquatherapy is indicated over a course of land-based therapy and the aquatherapy is therefore not medically substantiated.